

# Form TD1: Thesis/Dissertation Research Proposal

Submit completed research proposals to your graduate program office. DO NOT submit forms directly to the Office of Research Ethics (ORE).

| Student Information  |                        |                |
|--|------------------------|----------------|
| Surname  | Given name(s)          |                |
| Student number   | E-mail                 | Phone          |
| Program  | Degree & year of study | Current status |
| Title of Research Proposal   |                        |                |
| <input type="checkbox"/> Thesis <input type="checkbox"/> Dissertation <input type="checkbox"/> Pilot Project |                        |                |

| Type of Research   | Documents to submit   |
|--|---|
| Please check one:  | Programs will forward the following electronically to the Office of the Dean, Graduate Studies  |
| <input type="checkbox"/> A<br>No human participants, no animals, no biohazards and no secondary data analysis                | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis/Dissertation Proposal   |
| <input type="checkbox"/> B<br>Human participants, minimum risk   | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis/Dissertation Proposal<br><input type="checkbox"/> TD2<br><input type="checkbox"/> Sample informed consent and other relevant documents<br><input type="checkbox"/> TCPS Tutorial Certificate  |
| <input type="checkbox"/> C<br>Secondary Data Analysis not conducted as part of a faculty research project                    | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis/Dissertation Proposal<br><input type="checkbox"/> TD2<br><input type="checkbox"/> Informed consent and other relevant documents if applicable<br><input type="checkbox"/> TCPS Tutorial Certificate   |
| <input type="checkbox"/> D<br>Research involving Aboriginal/Indigenous Peoples   | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis/Dissertation Proposal<br><input type="checkbox"/> HPRC Protocol Form<br><input type="checkbox"/> Sample informed consent and other relevant documents<br><input type="checkbox"/> Checklist for Researchers: Research Involving Aboriginal People<br><input type="checkbox"/> TCPS Tutorial Certificate |
| <input type="checkbox"/> E<br>Human Participants, data collected under faculty research grant with HPRC Approval Certificate | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis/Dissertation Proposal<br><input type="checkbox"/> TD4<br><input type="checkbox"/> HPRC Approval Certificate for Supervisor's research project<br><input type="checkbox"/> TCPS Tutorial Certificate   |
| <input type="checkbox"/> F<br>Animals or biohazards (must be under faculty supervision)                                      | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis /Dissertation Proposal<br><input type="checkbox"/> TD4<br><input type="checkbox"/> Animal Care Committee (ACC), or Biosafety Committee (BCC) Approval Certificate for Supervisor's research project   |
| <input type="checkbox"/> G<br>• Human Participants, more than minimal risk, or<br>• Research involving Clinical Trials       | <input type="checkbox"/> TD1<br><input type="checkbox"/> Thesis /Dissertation Proposal<br><input type="checkbox"/> HPRC Protocol Form<br><input type="checkbox"/> Sample informed consent and other relevant documents<br><input type="checkbox"/> TCPS Tutorial Certificate  |

| Risk Assessment for the Researcher   | Documents to Submit  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>The proposed research poses elevated risk to myself as the researcher requiring further health and safety considerations. (Please consult the <a href="#">Graduate Student Risk Assessment Guidelines</a> for information regarding risk assessment and planning.)                                 | <input type="checkbox"/> If 'Yes', <a href="#">Graduate Student Risk Assessment Form</a> |
| <b>TD1</b> = Thesis/Dissertation Research Proposal Form      <b>TD2</b> = Research Ethics Protocol Form for Graduate Students<br><b>TD4</b> = Statement of Relationship between Proposal and an Existing HPRC Approved Project<br><b>TCPS</b> = Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Tutorial Course on Research Ethics |  |

**Student Signature**

I hereby certify that all information on this form and all statements in the attached documentation are correct and complete.

|                     |                          |                          |
|---------------------|--------------------------|--------------------------|
| <b>Student Name</b> | <b>Student Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|---------------------|--------------------------|--------------------------|

**Supervisor Recommendation**

I confirm that I have read the documentation and the appropriateness of its inclusion, and that it accurately summarizes the research project. I recommend the Faculty of Graduate Studies approve the proposal for the above student. The Supervisory Committee has reviewed the Research Proposal and research ethics protocols (if applicable) and has recommended it be submitted for FGS approval.

I attest that the Supervisory Committee has reviewed the Research Proposal and research ethics protocols (if applicable) and has recommended it be submitted for FGS approval. **(If this box is not checked, all members of the Supervisory Committee must sign this form below.)**

|                        |                             |                          |
|------------------------|-----------------------------|--------------------------|
| <b>Supervisor Name</b> | <b>Supervisor Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|------------------------|-----------------------------|--------------------------|

|  |   |                          |
|--|---|--------------------------|
| <b>Supervisory Committee Member Name</b> | <b>Supervisory Committee Member Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|--|---|--------------------------|

|  |   |                          |
|--|---|--------------------------|
| <b>Supervisory Committee Member Name</b> | <b>Supervisory Committee Member Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|--|---|--------------------------|

**Graduate Program Director Recommendation**

I recommend the Faculty of Graduate Studies approve the proposal for the above student. The Supervisory Committee has reviewed the Research Proposal and research ethics protocols (if applicable) and has recommended it be submitted for FGS approval.

|                                       |  |                          |
|---------------------------------------|--|--------------------------|
| <b>Graduate Program Director Name</b> | <b>Graduate Program Director Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|---------------------------------------|--|--------------------------|

**Faculty of Graduate Studies Recommendation**

I approve the proposal for the above student.

|                                 |                                      |                          |
|---------------------------------|--------------------------------------|--------------------------|
| <b>Associate Dean, FGS Name</b> | <b>Associate Dean, FGS Signature</b> | <b>Date (mm/dd/yyyy)</b> |
|---------------------------------|--------------------------------------|--------------------------|

**Privacy:** Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416) 736-2100 x 55521.