## Form TD1: Thesis/Dissertation Research Submission

(Please print clearly or type)



Students must complete the top portion of this form and deliver it along with copies of completed appropriate documents (as indicated below) to their program office.

Student\_\_\_\_\_ ID# \_\_\_\_\_

Program	Degree	<b>-</b>	Date	_
Title of Research Proposal				
Type of research	Documents to submit			
Please check one:	Program will forward the following to the Office of the Dean, Graduate Studies, 230 York Land			
□ No human participants →	<ul> <li>□ TD1 form</li> <li>□ Proposal</li> <li>□ TD 4 form (if involves animals or biohazards) + HPRC Approval Certificate</li> </ul>			
☐ Human participants, minimum risk, with written consent —	□ TD1 form □ Proposal □ TD2 form (original + 1 copy)			
☐ Human participants, minimum risk, with verbal consent	<ul> <li>□ Informed consent documents (written or verbal script) (original + 1 copy)</li> <li>□ TD3 form</li> <li>□ TCPS Tutorial Certificate dated within last 2 years</li> </ul>			
☐ Human participants, funded by faculty research grant —▶	<ul> <li>□ TD1 form</li> <li>□ TD4 form + HPRC Approval Certificate</li> <li>□ Proposal</li> <li>□ TCPS Tutorial Certificate dated within last 2 years</li> </ul>			
☐ High risk or funded —▶	<ul> <li>□ TD1 form</li> <li>□ Proposal</li> <li>□ Completed appropriate HPRC package plus 6 copies (submit to FGS for forwarding to HPRC)</li> <li>□ TCPS Tutorial Certificate dated within last 2 years</li> </ul>			
TD2 = York University Graduate S TD3 = Informed Consent Docume TD4 = Statement of Relationship  Graduate Program Director I recommend to the Faculty of Graduate Program Director	ent Checklist between Proposal and an Exist Recommendation: luate Studies approval of the prop	ing HPRo	C Approved Project  ne above student. The Supe	ervisory
Committee has reviewed the Research	Member of York Graduate			
Supervisory Committee (Please print/type) (If additional members are on the committee, please attach listing)	Program in (list program relevant to this supervision; See FGS Appointment list www.yorku.ca/grads/fmr.htm)	Date	Supervisory Committee A (Please sign or attach e-mail indic approval of proposal)	
Supervisor:				
Member:				
Member:				
Member:				
☐ A TCPS tutorial certificate dat	ted within the past 2 years must	be attac	hed.	
Graduate Program Director Signature			Date	
Associate Dean, FGS Signature			Date	