



Department of Earth, Ocean and Atmospheric Science  
 The Florida State University  
 1011 Academic Way  
 Tallahassee, FL 32306

**Thesis Prospectus Clearance Form**

Students must complete and submit this form to the major professor, committee members and department chair.

Student Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Department: \_\_\_\_\_ Major: \_\_\_\_\_

Major Professor(s): \_\_\_\_\_ Writing Style Manual: \_\_\_\_\_

Title: \_\_\_\_\_

**To be completed by the committee:** Prospectus Defense Date: \_\_\_\_\_

IRB APPROVAL Date (for human or animal subjects research, if applicable): \_\_\_\_\_

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 (Co)Major Professor (signature) Print Name

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 (Co)Major Professor (signature) Print Name

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 Member (signature) Print Name  
 Approved After Chair Accepts Revisions: \_\_\_

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 Member (signature) Print Name  
 Approved After Chair Accepts Revisions: \_\_\_

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 University Rep (signature) Print Name  
 Approved After Chair Accepts Revisions: \_\_\_

Approved: \_\_\_ Not Approved: \_\_\_  
 \_\_\_\_\_  
 Member (optional) (signature) Print Name  
 Approved After Chair Accepts Revisions: \_\_\_

\_\_\_\_\_ Dept. Prospectus Approval Date: \_\_\_\_\_  
 Department Chair Signature