**This form can be filled using your computer.**

Revised: October 2015

**FORM TO SUBMIT PROPOSAL OF DISSERTATION, THESIS OR PROYECT**

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| --- | --- | --- | --- |
| 1. Surnames, Name | 2. ID Number | 3. Department | 1. 4. Degree:  1. MA MBA ME MS PHD |
| **5. Before continuing, you must ensure compliance with the following criteria:  a.** “My study is an investigation which includes the development, test or evaluation with the purpose of developing or contributing to knowledge, and to achieve this goal it involves human beings from whom data or information will be obtained either by intervention or interaction”?(This includes data obtained via surveys, questionnaires, interviews, cases, observations, and any other method)**.**  Yes No  If the answer to the previous question was **Yes**, **then you must submit a Request for Review form to the** “**Committee for the Protection of Human Participants in Research**” (**IRB**), which you can access via the following link: <http://uprm.edu/cpshi/>  You must submit your proposal to the OGS with the authorization or relay document of the IRB. **If it is identified that your research requires the authorization of the IRB and it does not have it, the data recollected is unusable and your thesis defense cannot be carried out**.  **b.** My investigation includes the use of chemical substances or materials that could generate waste with the following characteristics: corrosivity, flammability, reactivity and toxicity?  Yes No  If the answer is **Yes**, **I agree to take training for handling hazardous waste before the end of the investigation**.  **c.** I have submitted a Plan of Study to the Office of Graduate Studies and the Register’s Office?  Yes No  If the answer is **No**, **the Proposal will not be registered as received**. | | | |
| 6. Title of the dissertation, thesis or project: | | | |

7. Those mentioned below certify when signing that this document is ready for submission. **The student also certifies that it meets the requirements set forth herein and is aware of the consequences of unfulfillment.**

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Email**  **(Mandatory)** | **Date** |
| President: |  |  |  |
| Co-President (If applicable): |  |  |  |
| Department Director: |  |  |  |
| Student: |  |  |  |