If this confidential data request is for use in a student thesis, dissertation, or other student research project, please complete the following information below.

**Student:** Click to enter text.

Academic Institution: Click to enter text.

**Supervising Faculty Member:** Click to enter text.

Academic Institution: Click to enter text.

**Attach this page signed and dated below by the Supervising Faculty Member.**

*“I affirm that the submitted project proposal has full thesis/dissertation committee approval.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervising Faculty Member Date