

**MS Project: Kinesiology and Nutrition  
Committee Recommendation Form**

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Email: \_\_\_\_\_ Expected completion date (mm/yyyy): \_\_\_\_\_

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

**Regulatory Issues**

Does the project involve:

- Human subjects:
  - If yes, Institutional Review Board (IRB) approval number: \_\_\_\_\_
- Animals in any way:
  - If yes, Animal Care Committee approval number: \_\_\_\_\_
- Recombinant DNA:
  - If yes, Institutional Biosafety Committee approval number: \_\_\_\_\_

Does the student have any financial, non-financial (including previous employment) affiliation, or romantic, sexual, or familial relationship with any member on the proposed committee outside of normal accepted academic activity, mentoring, and support? (If you are unsure if a conflict exists, select "yes")

If yes, attach a statement specifying the nature, length, and time period of the relationship, and the rationale for including that member.

See policy: <https://grad.uic.edu/academic-support/exams-defense/student-committee-conflict-of-interest-statement/>

**Required Committee Composition (Department of Kinesiology and Nutrition)**

- Total Members: Three
- Tenure-Track Faculty: At least one member must hold a tenure-track appointment
- Clinical Faculty: At least one member must hold a tenure-track appointment

Chairperson not necessarily tenured

Name of Committee Member	Department of Committee Member
_____	_____
_____	_____
_____	_____
_____	_____

Advisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed form to Li Goelz ([lchin1@uic.edu](mailto:lchin1@uic.edu)) for department approval**

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Approved: \_\_\_\_\_

Department Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_