NOTIFICATION OF APPROVED
MASTER’S THESIS OR MASTER’S PROJECT COMMITTEE & PROPOSAL

KENT STATE UNIVERSITY
COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES
OFFICE OF GRADUATE STUDENT SERVICES
ROOM 418 WHITE HALL
KENT, OH 44242-0001

(Note: A copy of the master’s thesis or master’s project abstract must accompany this form.)

This form should be filed with the Office of Graduate Student Services (Room 418 White Hall) no later than the first day of the term in which the student expects to receive the degree. Signatures required when /s/ shown.

Date __________________________

Student No._______________________________

Student Name ________________________________ (first) (middle) (last)

Address ____________________________________________

(number & street) (city) (state) (zip)

Email _______________________________ Local Phone Number_____________________

Department and Area of Concentration ________________________________

Title of Proposed Master’s Thesis or Master’s Project (please circle) ___________________________ 

________________________________________________________________________________

________________________________________________________________________________

Members of the Thesis / Master’s Project Committee:

Typed ________________________________ /s/ ____________________________________ 

Thesis/Master’s Project Director

Typed ________________________________ /s/ ____________________________________ 

Committee Member

Typed ________________________________ /s/ ____________________________________ 

Committee Member

Acknowledgement

Graduate/Program Area Coordinator /s/ ____________________________ Date __________

School Director /s/ ____________________________ Date __________

Assoc. Dean for Administrative Affairs /s/ ____________________________ Date __________