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 Friday 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 __________