## 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)			
(number & street)	(city)	(state)	(zip)
Email	Local Pho	one Number_	
Department and Area of Concentration			
Title of Proposed Master's Thesis or Master	er's Project (ple	ease circle)	
Members of the Thesis / Master's Project	Committee:		
Typed	/s/		
Thesis/Master's Project Directo	r , s, <u> </u>		
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