## KENT STATE UNIVERSITY

## NOTIFICATION OF APPROVED THESIS TOPIC

The graduate student must file this form with the School of Biomedical Sciences no later than the semester immediately preceding the expected graduation date. Please submit in typewritten form.

Name:				Dat	Date:	
Local Address: _						
			-	State	Zip	
Local Phone:	Student Nu					
Program Area: _						
Proposed Title of	Thesis:					
•			-		I by the Kent State	
Members of the	Thesis Comn	nittee:				
Name (typed or printed)		Program Committee		Sig	Signature	
Approved:						
	Adviser				Date	
Director, School of Biomedical Sciences					 Date	

Please Attach a Paragraph Describing the Thesis Research