

**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 \_\_\_\_\_