

Notification of Establishment of Committee

DATE OF DEFENSE

Student KSU ID Number

Student Name

Last

First

Middle

Student Email Address

@kent.edu

Student Phone Number

Select one of the following:

No concentration

JNED concentration

Seeking approval for:

Professional Project

Thesis

Working Title of Project:

Committee Members

Name

Signature

Advisor (Y/N)

Date

Name

Signature

Advisor (Y/N)

Date

Name

Signature

Advisor (Y/N)

Date

For completion by the Graduate coordinator:

Approved

Not approved

Name

Signature

Date

Note: Once committee membership has been approved, any changes to the list above must be approved by the graduate coordinator.

Revised June 2023

School of Media and Journalism