



**NOTIFICATION OF APPROVED THESIS TOPIC**

The graduate student will file this form with the College or Independent School office no later than the semester preceding that in which the candidate expects to receive a master's degree. Please present the information in typewritten form. If any of the information on this form changes, a new form must be filed.

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Student No. \_\_\_\_\_

Degree Program (e.g., M.A., M.S., MFA) \_\_\_\_\_

Department or School and area of concentration \_\_\_\_\_

Proposed title of Thesis

Are human subjects involved in this research? If yes, date of approval by the Kent State University

Institutional Review Board \_\_\_\_\_

Members of the thesis committee:

| Name (typed or printed) | Department | Signature |
|-------------------------|------------|-----------|
| Advisor                 | _____      | _____     |
| _____                   | _____      | _____     |
| _____                   | _____      | _____     |
| _____                   | _____      | _____     |

APPROVED: \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

College Dean \_\_\_\_\_ Date \_\_\_\_\_

Please attach a paragraph including a clear statement of the problem to be undertaken and the procedure or methodology to be used in the research.

While (original): Registrar  
 Yellow: College  
 Gold: Student  
 Pink: Department/School