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

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 __________