

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):
Yellow:
Gold:
Pink:

Registrar
College
Student
Department/School