

M.S. in Geology Proposed Program of Research Form
Kent State University Department of Geology

Please turn in to GSO Instructor at end of semester; not the Grad Coordinator

Student Name: _____ Banner ID: _____

Student Signature: _____ Date: _____

First Semester Enrolled in Program: _____

Description of the Proposed Project:

M.S. Thesis Committee Members:

Please list your potential advisor plus two members of the Geology graduate faculty who hold the appropriate graduate faculty rank to serve on your committee. The graduate coordinator serves as the advisor of record until this proposal form is completed and signed by the graduate coordinator.

Faculty member	Responsibility	Signature
	Advisor	
	Reader	
	Reader	

Graduate Coordinator: _____ Date: _____
Sign and print name

Return this completed form, without the Graduate Coordinator's signature, to your GSO instructor at the end of the semester.