

M.S. in Geology Proposed Program of Research Form

Kent State University Department of Earth Sciences

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

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 Earth Sciences 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