

KENT STATE UNIVERSITY

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.

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

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

Local Phone No. \_\_\_\_\_ Student No. \_\_\_\_\_

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

Department 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

Human Subjects Review Board \_\_\_\_\_

Members of the thesis committee:

<i>Name (typed or printed)</i>	<i>Department</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

("Outside discipline" person, if required)

APPROVED: \_\_\_\_\_  
Advisor Date

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

\_\_\_\_\_  
Chair, Director, or Dean Date

Please attach a paragraph describing the thesis research or study.