



Thesis Proposal Approval

Name _____ KSU ID _____

Email _____ Phone Number _____

Program _____ Advisor _____

Title:

The student has completed the oral defense of the proposal on _____

The committee has decided:

- ☐ The proposal is accepted
- ☐ The proposal is accepted with the following qualifications:

I understand that it is my responsibility to ensure that all research compliance protocols (human subjects, animal, etc.) have been put in place before I begin collecting data. I acknowledge that failure to secure this permission prior to conducting my data collection will negate the use of that data for my thesis.

Student Signature _____ Date _____

Signatures

Thesis Chair _____ Date _____

Program Director _____ Date _____

Department Chair _____ Date _____

Graduate College Approval _____ Date _____