

The Ohio State University
The School of Health and Rehabilitation Sciences
Approval of Thesis/Non Thesis Project Proposal Form

Please use the non-shaded space to complete the form.

<i>Date of Proposal Meeting</i>	
<i>Student's Name</i>	
<i>Anticipated Term of Graduation</i>	
<i>Title of Proposed Thesis/Non Thesis Project</i>	
<i>The proposed thesis/non thesis project has been approved with the following recommendations</i>	1
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	3
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	5
	6
<i>Signatures</i>	

<i>Advisor:</i>	
<i>Print Name:</i>	
<i>1st Committee Member:</i>	
<i>Print Name:</i>	
<i>2nd Committee Member:</i>	
<i>Print Name:</i>	
<i>3rd Committee Member:</i>	
<i>Print Name:</i>	
<i>Student:</i>	
<i>Print Name:</i>	
<i>Graduate Studies Chair:</i>	
<i>Please return the original to Student Services Office; 206 Atwell Hall</i>	