

**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
	2
	3
	4
	5
	6
Signatures	

<i>Advisor (Print Name):</i>	
<i>Signature:</i>	
<i>1st Committee Member (Print Name):</i>	
<i>Signature:</i>	
<i>2nd Committee Member (Print Name):</i>	
<i>Signature:</i>	
<i>3rd Committee Member (Print Name):</i>	
<i>Signature:</i>	
<i>Student (Print Name):</i>	
<i>Signature:</i>	
<i>Graduate Studies Chair Signature:</i>	

Please return the original to Student Services Office (206 Atwell Hall) or email to Ashley McCabe at ashley.mccabe@osumc.edu.