**Approval of Thesis/Non Thesis Project Proposal Form**

| **Date of Proposal Meeting** |  |
| --- | --- |
| **Student’s Name** |  |
| **Anticipated Term of Graduation** |  |
| **Title of Proposed Thesis/Non-Thesis Project** |  |
| **The Proposed Thesis/Non-Thesis Project has been approved with the following recommendations** |  |
| **Advisor’s signature** |  |
| **Committee member’s signature** |  |
| **Committee member’s signature** |  |
| **Committee member’s signature** |  |
| **Student’s signature** |  |
| **Graduate Studies Chair signature** |  |

**Please return this form to the Graduate Program Office by sending to** [**HRSGraduateStudentServices@osumc.edu**](mailto:HRSGraduateStudentServices@osumc.edu)**.**