MS in Applied Exercise and Health Science

Thesis Approval Form

Instructions: Fill out the form below in MS Word, then print out the form and obtain the required signatures. This form is to be completed in the semester prior to course registration. You will not be permitted to register for the course until all signatures have been received.

Graduate Candidate: Click here to enter text.

Graduate Faculty Supervisor: Click here to enter text.

Thesis Committee Members: Click here to enter text.

Title: Click here to enter text.

Brief Description of Thesis (1-2 paragraphs):

Click here to enter text.

Prospectus Presentation Date (No later than two weeks prior to the last day of classes):

Click here to enter text.

IRB Documentation Submission Date:

Click here to enter text.

Other Intermediate Due Dates (e.g., research design, literature review, etc.):

Click here to enter text.

Final Draft Due Date (No later than two weeks prior to last day of classes):

Click here to enter text.

Thesis Defense Date (No later than one week prior to last day of classes):

Click here to enter text.

Graduate Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Graduate Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Date: \_\_\_\_\_\_\_\_\_