



Master's Thesis Registration Form

(Submit this form to the Kinesiology Graduate Affairs office to receive an override to register for KINESLGY 619)

NAME _____ UMID# _____ date _____

PROPOSED TITLE OF THESIS

A. Documentation: Please provide a detailed description of the thesis project. Also indicate whether an oral defense of the thesis is required.

B. Thesis Committee: In addition to the Kinesiology Faculty Advisor, there must be at least two additional graduate faculty members who read and approve the thesis.

The following members of the Graduate Faculty have agreed to serve on my Master's Thesis Committee

Printed Name	Signature	Date
Faculty Advisor		
Faculty		
Faculty		