

## APPROVAL FORM FOR MASTER'S THESIS

Clayton State University - School of Graduate Studies  
2000 Clayton State Blvd., Morrow, GA 30260

**Part I: Thesis topic approval** must be signed by the Thesis Chair.

The Thesis Of:

Student ID:  Program:

Titled:

Thesis Chair:  Date:

**Part II: Approval of written thesis (to be signed by the members of the thesis committee).** The thesis committee has read and reports the following action on the above thesis. A minimum of one committee member must approve the written thesis before the oral defense may be held.

Did this student use human subjects in his/her research? Yes  No

If so, provide the project number  and date approved by IRB

*Do not sign below unless the question regarding human subjects has been answered.*

Thesis Committee (Print/Type Name and Signature)	Date
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>

Note: If the thesis committee declines approval of the thesis as ready for the oral defense, the Thesis Chair will notify the student.

**Part III: Oral Defense** (To be signed by members of the Thesis Committee. Students must receive a majority of passing votes, for the Oral Defense, from the Thesis Committee before Final Approval.)  
*Thesis Committees of only two members will require unanimous approval of the Oral Defense.*

The Thesis Committee reports the following results of the defense of the thesis held on:

Thesis Defense Date:

Thesis Committee (Print/Type Name and Signature)	Oral Pass	Oral Fail
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV: Final Approval.** (To be completed only when Thesis Committee members have approved ALL suggested changes). The suggested changes have been completed satisfactorily:

Thesis Chair:

Date:

Graduate Coordinator:

Date:

*This two page form must be submitted to the School of Graduate Studies at  
schoolofgradstudies@clayton.edu.*