

# APPROVAL FORM FOR MASTER'S THESIS

## APPROVAL FORM FOR MASTER'S THESIS AND FINAL ORAL EXAMINATION

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

**Part I: Submission of thesis to advisory committee** is submitted for examination by the master's advisory committee.

The Thesis Of:

Student ID:  Program:

Entitled:

Major Professor:  Date:

**Part II: Approval / Disapproval of thesis (to be signed by the members of the advisory committee).** The master's advisory committee has read and reports the following action on the above thesis. At least two of three members must approve the thesis before the final 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.*

Master's Advisory Committee (type name and sign)	Approved	Changes Suggested	Disapproved	Date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Note: If the advisory committee declines approval of the thesis as ready for the final defense, the major professor will notify the student.

**Part III: Oral Defense and Final Examination.** (To be signed by members of the advisory committee. Two positive votes are required for approval of both the defense of the thesis and the examination).

The Master's Advisory Committee reports the following results of the defense of the thesis held on:

Master's Advisory Committee (type name and sign)	Thesis Defense Date: <input type="text"/>		Final Exam (if applicable) Date: <input type="text"/>	
	Oral Pass	Oral Fail	Final Pass	Final Fail
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APPROVAL FORM FOR MASTER'S THESIS

Graduate Coordinator: Date: 

**Part IV: Final Approval.** (To be completed only when advisory committee members have approved suggested changes in Part II). The suggested changes have been completed satisfactorily:

Major Professor: Date: 

FINAL