

# REQUEST FOR ENROLLMENT MASTER'S THESIS/ PROJECT COURSES

## DEPARTMENT OF KINESIOLOGY

(Important: Thesis/Project units may only be added within the first four weeks of the semester)

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ THESIS OR PROJECT # of units

The following criteria must have been met:

- |  |     |    |
|--|-----|----|
| 1. Successfully completed at least 9 units of 500-600 level course work? | YES | NO |
| 2. Currently enrolled in or completed KINE 600, 601, & 602?              | YES | NO |
| 3. Program of study approved   | YES | NO |
| 4. Tentative Thesis/Project topic approved by the committee?             | YES | NO |

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and my graduation will be delayed.**

**Student Signature**

**DATE**

### APPROVALS

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and student's graduation will be delayed.**

**THESIS/PROJECT CHAIR SIGNATURE**

**PRINTED NAME**

**DATE**

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and student's graduation will be delayed.**

**THESIS/PROJECT Committee Member Signature                      PRINTED NAME                      DATE**

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and student's graduation will be delayed.**

**THESIS/PROJECT Committee Member Signature                      PRINTED NAME                      DATE**

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and student's graduation will be delayed.**

**GRADUATE COORDINATOR SIGNATURE                      PRINTED NAME                      DATE**

**I have read and understand the department and graduate studies thesis/project guidelines. By not following the guidelines, I understand that the thesis/project will not be approved by the department graduate committee and student's graduation will be delayed.**

**DEPARTMENT CHAIR SIGNATURE                      PRINTED NAME                      DATE**