



Request for Approval of Master's Thesis Topic

NEW

REVISED (if revised, check all that apply: Title Committee)

GT ID # _____

Name: _____
Last First Middle

The above named student requests approval to prepare and present a thesis in partial fulfillment of the requirements for the Master's degree in: _____

Part I: THESIS TOPIC

Thesis Title

Student Signature

Part II: RCR Training

TO BE COMPLETED BY SCHOOL

The student successfully completed RCR training (check all that apply): Online (CITI RCR) **OR** RCR Credit Course

For RCR Credit Course Indicate: _____
Course Number Semester Completed Graduate Coordinator Signature

COMMITTEE MEMBERS: Please check the box next to your name to indicate co-advisor/co-chair role

Approved by:

School Chair

Last Name and School

Thesis Advisor

Last Name and School

Committee Member

Last Name and School

Committee Member

Last Name and School

Committee Member

Last Name and School

OGS Staff Signature

Date