WAYNE STATE UNIVERSITY
Division of Kinesiology, Health and Sport Studies
MASTER'S THESIS
Outline and Record of Approval

Student's Name: _____ **Date:** _____

Major: _____ **Advisor:** _____

I plan to have my thesis completed by (date): _____

I have conferred with my advisor, am presenting below an outline of my thesis and have secured my advisor's approval of the thesis subject and outline. It is understood that this thesis will constitute the equivalent of at least **eight** semester hours of course work and that it will conform to the standards of correct style.

Title of Thesis:

_____

_____

This subject is significant and important for thesis study because:

_____

_____

The following is a statement of the problem, its scope, source of materials and the methods that will be employed:

_____ _____

Student's Signature **Date** **I.D. #**

_____

Approved By: (Advisor) **Date**