

UNITED STATES SPORTS ACADEMY
THESIS PROPOSAL AND COMMITTEE APPROVAL FORM

Student Name _____ **Date** _____
Please Print Month/Day/Year

Master of Sports Science Degree (M.S.S.)

Proposed Title (should be 12 words or less):

Thesis Fee Submitted _____

Thesis Committee

Committee chair

Email address and Phone Number

Name (Please print)

Committee Member (First Reader)

Email address and Phone Number

Approvals:

Committee chair

Name (Please print)

Signature

Chief Academic Officer

Name (Please print)

Signature

Check Appropriate Action

Approved

Approved Conditionally

Not Approved

Copies Given To (check when completed)

Committee Chair

Registrar

Student File

Academic Affairs

