

Submit this completed form to [kinesiology@osu.edu](mailto:kinesiology@osu.edu) no later than the end of the first term of enrollment in the Master's Program.

Once you and your faculty advisor sign Appendix A, your faculty advisor must approve any changes made to the planned academic program.

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_ OSU Email \_\_\_\_\_

Program Area \_\_\_\_\_ Advisor \_\_\_\_\_

Admission Date \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Projected Date of Graduation \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

M.S.   Thesis Option  Non-Thesis Option

Undergraduate Degree Granting Institution \_\_\_\_\_

**RESEARCH REQUIREMENT**

Complete each section in its entirety. If you prefer, you may attach a specific listing of coursework, however a list of general classes will NOT be accepted.

Course Description	Department	Course Number	Credit Hours

Total Program Credit Hours \_\_\_\_\_ (Required)

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Advisor's Signature

\_\_\_\_\_  
 Date



**APPENDIX B**  
**THESIS PROPOSAL NOTICE**  
**Master Degree**

Your faculty advisor MUST email a copy of Appendix B at least one week prior to the proposal date to [hs\\_faculty@lists.service.ohio-state.edu](mailto:hs_faculty@lists.service.ohio-state.edu) . The original MUST be submitted to [kinesiology@osu.edu](mailto:kinesiology@osu.edu) at least one week prior to the proposal date.

Student Name \_\_\_\_\_ OSUE-mail \_\_\_\_\_  
Program Area \_\_\_\_\_ Advisor \_\_\_\_\_  
Thesis Title \_\_\_\_\_  
Proposal Date \_\_\_\_\_ Location \_\_\_\_\_ Time \_\_\_\_\_  
Advisor Signature \_\_\_\_\_

**ABSTRACT (Provide a 100 word summary of your thesis.)**

Blank area for writing the abstract.

## APPENDIX C

### INTENT TO TAKE COMPREHENSIVE EXAMINATION Masters Degree

Submit Appendix C to [kinesiology@osu.edu](mailto:kinesiology@osu.edu) by the 3<sup>rd</sup> Friday of the term. Students will meet with their faculty advisor to schedule a date to complete the longhand exam. Notification of the exact date will be announce by the advisor at the beginning of the semester.

Students are required to have a 3.0 cumulative GPA the term in which they plan to take the comprehensive examination (paper, project, or longhand form).

**Student Name** \_\_\_\_\_

**Student ID** \_\_\_\_\_ **OSU Email** \_\_\_\_\_

**Program Area** \_\_\_\_\_ **Advisor** \_\_\_\_\_

**Projected Date of Graduation** \_\_\_\_\_ **Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

**I Intend to Take the Comprehensive Exam** \_\_\_\_\_ **Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

Exam Format	
<input type="checkbox"/> <b>Longhand</b> (schedule with advisor)	
<input type="checkbox"/> <b>Comprehensive Paper</b> (written over an extended period)	<b>Due Date:</b>
<input type="checkbox"/> <b>Project</b>	<b>Presentation Date:</b>

**NOTE:** Ordinarily, examinations are not scheduled during the advisor’s off-duty term (usually summer). However, an examination may be scheduled during the off-duty term with the concurrence of all committee members and the student. If the student anticipates the need for an examination during the “off-duty” term, and the advisor is unavailable to administer the Master’s examination, the advisor should obtain concurrence from another Graduate Faculty member who agrees to conduct and evaluate the Master’s examination.

The Graduate School Examination Report Form will be sent to the student’s academic advisor.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor’s Signature

\_\_\_\_\_  
Date

**APPENDIX D**  
**STUDENT AGREEMENT ON ACADEMIC HONESTY**  
**Masters Degree**

Submit Appendix D to [kinesiology@osu.edu](mailto:kinesiology@osu.edu) at least one week prior to the date of the comprehensive exam.  
ONLY students taking the Comprehensive Exam on the computer must submit appendix D.

**In using a computer as part of this examination, I understand that I am subject to the CODE OF STUDENT CONDUCT which defines the expectations of students in the area of academic honesty. I understand that any breach of the Code will be reported to and reviewed by the University Committee on Academic Misconduct.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Printed Name

# APPENDIX E

## NOTICE OF THESIS FINAL ORAL EXAMINATION

### Master of Arts Degree

Your faculty advisor MUST email a copy of Appendix D at least one week prior to the oral exam date to [hs\\_faculty@lists.service.ohio-state.edu](mailto:hs_faculty@lists.service.ohio-state.edu). The original MUST be submitted to [kinesiology@osu.edu](mailto:kinesiology@osu.edu) at least one week prior to the oral exam date.

Student Name \_\_\_\_\_ OSUE-mail \_\_\_\_\_  
Program Area \_\_\_\_\_ Advisor \_\_\_\_\_  
Thesis Title \_\_\_\_\_  
Oral Exam Date \_\_\_\_\_ Location \_\_\_\_\_ Time \_\_\_\_\_  
Advisor Signature \_\_\_\_\_

**ABSTRACT (Provide a 100 word summary of your thesis.)**

Blank area for writing the abstract.