

Kent State University
Information Architecture and Knowledge Management
Master's Research Project Approval Form
IAKM 60198 – 3 credit hours

STUDENT INFORMATION

Name of student _____

Address _____ City/state/zip _____

Home phone _____ Work phone _____

Email _____

SITE INFORMATION

On-site project supervisor _____

Title _____ Work place _____

Address _____ City/state/zip _____

Work phone _____ Email _____

Date of initial meeting with on-site project supervisor _____

Please attach:

- 1) a 300-word abstract describing the project or problem to be addressed and a timeline for completion of major stages of the research project (to be completed in cooperation with On-Site Supervisor).
- 2) a complete copy of the Master's Research Project Proposal for approval by your Master's Research Project Advisor.

Student Signature Date

On-Site Project Supervisor Date

Research Project Advisor, Academic Advisor and Director Approvals

Student Signature Date

Research Project Advisor Date

IAKM Academic Advisor Date

IAKM Program Director Date