A. After the successful defense of the thesis/project the approval page must be signed by the student’s project advisor(s), committee members, and Department Chair(s). It is optional to include the signature of the Dean of the appropriate School. A sample approval page is included below but can be edited as needed.

B. Two copies of the thesis (one with the original approval page) must be submitted by the student to the appropriate School in accordance with that particular School’s calendar. If additional personal copies are desired, there is a charge for binding. For more information, contact Deryl Freeman (dfreeman1@ric.edu).

C. All copies are to be taken to the Library for binding. To schedule an appointment, please contact Deryl Freeman (dfreeman1@ric.edu). The original will be retained in the library archives and the other copy will be returned to the department.

D. Margins of 1 ½” should be allowed at the top and left, and of 1” at the right and bottom. All copies should be printed on one side of high-quality, acid-free white paper, 8 ½” x 11” in size and at least 20 pound weight, with unlined margins.

E. Each copy should be submitted in the following order:

1. Blank page
2. Approval sheet
3. Title page
4. Abstract
5. Table of Contents
6. Page 1, etc. to final page
7. Bibliography
8. Appendix

F. The title page and approval sheet should conform to the enclosed samples.

G. An abstract of no more than 250 words should present a statement of the problem, a description of the study, and a summary of the findings.

H. Each department will specify a manual on style and format.
FIELD PROJECT TITLE PAGE

TITLE IN ALL CAPITAL LETTERS IN INVERTED PYRAMID FORM

By (Student Name goes here)

A Field Project Submitted in Partial Fulfillment

of the Requirements for

XXXXXXX

in the Department of XXXXXXXX

The School of XXXXXX

Rhode Island College

20XX

NOTE: This form can be modified based on the requirements of your department.
FIELD PROJECT APPROVAL PAGE

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By (Student Name goes here)

A Field Project Submitted in Partial Fulfillment

of the Requirements for

XXXXXXXX

in the Department of XXXXXXXXX

The School of XXXXXX

Rhode Island College

20XX

Approved:

Name, Project Advisor

Date

Name, Committee Member (if needed)

Date

Name, Committee Chairperson

Date

Name, Department Chair

Date

Name, Dean of School (if needed)

Date

NOTE: This form can be modified based on the requirements of your department.