



Student: _____

Date of Proposal: _____ Location: _____

Brief Description of Proposed Thesis:

Expected Graduation: _____

To be completed by the Thesis Advisory Committee

By signing below, we approve _____ thesis topic and research plan as proposed.
(Student Name)

Committee Chair (Signature)

Committee Chair (Print Name)

Date of Approval

Committee Member (Signature)

Committee Member (Print Name)

Date of Approval

Committee Member (Signature)

Committee Member (Print Name)

Date of Approval