



THESIS PROPOSAL APPROVAL FORM

STUDENT INFORMATION

Last name: _____ First name: _____

Degree Program: _____ Department: _____ College: _____

Title of Approved Thesis:

Proposal Readers: 1) _____

2) _____

3) _____

Has the student been granted a language substitution? Yes No

For policies concerning language requirements, refer to section 5 of the appropriate program Handbooks.

APPROVAL

Thesis Proposal Approved

Thesis Proposal Not Approved

Revised Proposal will be resubmitted within 3 months on _____

Signature of Committee Chair: _____ Date: _____

Committee Chair is responsible for the distribution of this form as shown below:

Original: TST AD Director
(with copy of approved proposal)

Copies: College file
Department Chair
Student