



MASTERS PROPOSAL APPROVAL FORM

NAME OF STUDENT _____
(Please Print or Type) Last First Middle

DATE _____

SEMESTER IN RESIDENCE (i.e. winter, spring, etc.) _____

PROJECT TITLE _____

I have read the proposal written by the graduate student listed above and concur that if the research is completed as outlined, it should fulfill the requirement for Plan A, M.S. Thesis.

ADVISOR: _____

COMMITTEE MEMBERS: _____

DATE: _____

Some/no (circle one) revision is required. All necessary revisions will be completed by _____ and the final proposal kept on file by the advisor. (Date)

- Please complete three copies of thesis form and distribute to:
1. Chairperson, Graduate Committee
 2. Advisor
 3. Student