



M.A. THESIS PROPOSAL APPROVAL

STUDENT NAME: _____

STUDENT ID: _____

RESEARCH AREA: _____

Thesis Title (attach copy of thesis proposal and ethics approval)

Supervisory Committee (signatures of all members required)

Senior Supervisor _____
(print)

(signature)

Committee Member _____
(print)

(signature)

Committee Member _____
(print)

(signature)

Committee Member _____
(print)

(signature)

Graduate Program Director Approval: _____
(signature)

(date)