



THESIS/DISSERTATION PROPOSAL SUBMISSION FORM

Name of Student: _____

Degree Sought: _____

Title of the Proposal: _____

Date proposal presented to committee: _____

Signature of the Student: _____ Date: _____

ADVISORY COMMITTEE RECOMMENDATION:

The following committee members have read and approved the proposal.

Chair: _____	_____
(Name)	(Signature)

Member: _____	_____
(Name)	(Signature)

Member: _____	_____
(Name)	(Signature)

Member: _____	_____
(Name)	(Signature)

Approved: _____	_____
(Department Chair)	(Date)

Approved: _____	_____
(Dean, School of Graduate Studies)	(Date)

OFFICE OF GRADUATE STUDIES USE ONLY

Received By: _____ Date Received: _____