

PROPOSAL APPROVAL FORM

STUDENT NAME		DATE	
DEPARTMENT		MAJOR SUBJECT	
STUDENT ID		STUDENT E-MAIL	
	COMMITTEE MEMBER	RINFORMATION	
Printed Name	Signature		Department
Printed Name	Signature		Department
Printed Name	Signature		Department
Printed Name	Signature		Department
Printed Name	Signature		Department
Principal Program Chair	Da	ate	
Department Chair		ate	
Assistant Dean of Graduate Studies		ate	

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