

## PROPOSAL APPROVAL FORM

MASTER'S THESIS       DOCTORAL DISSERTATION/CAPSTONE

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ MAJOR SUBJECT \_\_\_\_\_  
STUDENT ID \_\_\_\_\_ STUDENT E-MAIL \_\_\_\_\_

### COMMITTEE MEMBER INFORMATION

_____ Printed Name	_____ Signature	_____ Department
_____ Printed Name	_____ Signature	_____ Department
_____ Printed Name	_____ Signature	_____ Department
_____ Printed Name	_____ Signature	_____ Department
_____ Printed Name	_____ Signature	_____ Department

### PROPOSAL APPROVAL STATUS

APPROVED - NO CHANGES REQUIRED       PENDING - REVISIONS BEING MADE BY THESIS/DISSERTATION CHAIR AND CANDIDATE       APPROVED - CHANGES MADE BY THESIS/DISSERTATION CHAIR AND CANDIDATE

_____ Principal Program Chair	_____ Date
_____ Department Chair	_____ Date
_____ Assistant Dean of Graduate Studies	_____ Date