

**MASTER'S PROPOSAL MEETING**

Name of Candidate: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be doing a thesis: Yes ☐ No ☐

The undersigned have accepted the project/thesis proposal and agreed to serve on a master's committee.

_____	_____	_____
Chairperson (Print Name)	(Signature)	Date
_____	_____	_____
Member (Print Name)	(Signature)	Date
_____	_____	_____
<i>Optional</i> Member (Print Name)	(Signature)	Date

It is the responsibility of the student to obtain the signature of each faculty member listed above and to submit them to the Department Head for approval.

Department Action:

- [ ] Returned to student for revision of membership  
[ ] Approved

_____	_____	_____
Department Head (Print Name)	(Signature)	Date

Please return this form to the Graduate Coordinator when it is completed.