

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

Optional 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 Director of Graduate Studies for approval.

Department Action:

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

Director of Graduate Studies (Signature) Date
(Print Name)

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