

## PSYCHOLOGY DEPARTMENT COLLEGE OF SCIENCE

1503 East University Blvd. P.O. Box 210068 Tucson, Arizona 85721-0068 psychology.arizona.edu

## **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 master's committee.	serve on a
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 facult listed above and to submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit the submit the submit the submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit them to the Director of Graduate Studies for approximately submit the submit them to the Director of Graduate Studies for approximately submit the	=
Department Action: [ ] Returned to student for revision of membership [ ] Approved	
Director of Graduate Studies (Signature) (Print Name)	Date

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