

### 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
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Member (Print Name)	Signature	Date
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<i>Optional</i> Member (Print Name)	Signature	Date
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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 revision of membership

Approved

Department Head (Print Name)	Signature	Date
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Please return this form to the Graduate Coordinator when it is completed.