

APPROVAL OF THESIS PROPOSAL

TO:	Graduate Program Coordinator
FROM:	Thesis Committee Chairperson

RE: Approval of Proposal

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	E-MAIL ADDRESS

The committee of the above-named graduate student has approved a thesis proposal entitled:
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A copy of this proposal is attached.

APPROVALS: Signatures below indicate approval of the attached proposal.

THESIS COMMITTEE CHAIRPERSON	DATE
COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE
COMMITTEE MEMBER	DATE
DEPARTMENT CHAIRPERSON	DATE