

M.A. THESIS PROPOSAL COVER SHEET

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TENTATIVE THESIS TITLE:

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APPROVAL OF THESIS PROPOSAL:

(The student and all three members of the committee should type or print their names, sign and date this form. The student's signature indicates that s/he submits the proposal in its current form. The committee members' signatures indicate that each approves the proposal in its current form.)

STUDENT:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THESIS DIRECTOR:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMMITTEE MEMBERS:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_