



**MASTER'S THESIS PROPOSAL APPROVAL FORM**

Student's Name \_\_\_\_\_  
(first name) (middle) (last name)

Thesis Title: \_\_\_\_\_

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

Comments:

Accepted with Honors

Thesis Advisor Signature: \_\_\_\_\_ Reader Signature: \_\_\_\_\_

Please attach a copy of the Thesis Title page and Readers' Approval page, then submit to the Registrar.