

THESIS PROPOSAL APPLICATION FOR MASTER'S STUDENTS ONLY

Submit to the Graduate School

Name:	Student ID:		
E-mail:	Department/Program:	Department/Program:	
Major: Degree:			
Date of Thesis Proposal Defense:	Does your research involve hu	Does your research involve human subjects? $\ \square$ Yes $\ \square$ No	
If yes, please provide your IRB number(s):			
First Term of Thesis Enrollment	Expected Term of Graduation:		
Title of Thesis Proposal:			
Thesis/Research Committee			
program/major. Graduate School policy also maintains that committee Committee Chair to be a permanent member of the Graduate Faculty. You are responsible for adhering to policies of your department or programment. The Thesis/Research Committee affirms that the candidate listed research topic and has the academic and professional background to coursework requirements, only lacking the completion of the thesis to	Departments or programs may impose ad ram. above has presented and successfull address the topic. We also affirm that the second successful address the topic.	dditional membership criteria. ly defended an acceptable	
Name	Signature	Date	
Supervisor:			
Co-Supervisor:			
Member:			
Name	Signature	Date	
Candidate:			
Graduate Advisor:			
College Dean:			
Graduate School:			