

Student Information:

MPA/MUP THESIS THESIS PROPOSAL APPROVAL FORM

Please make sure you attach a copy of your approved thesis proposal.

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Student Sig	nature:	Date:	28/2019
TO BE COMPLETED BY FACULTY - DO NOT WRITE IN THIS AREA			
Thesis Proposal Status			
☐ Approved ☐ Not Approved			
Thesis Proposal Approved by: Zhan Cv O			
Faculty Program Director (Print Name) Signature Date John Gershall A Devaluation 5/6/19			
Faculty Capstone Director (Print Name) Signature 5/8/19			
*First Reader (Print Name/Faculty Title) Signature Date Jucob Faculty Title Date Jucob Faculty Title Date Jucob Faculty Title Date Jucob Faculty Title Date			
Jeff	Manza	Inm	5/8/11
*Second Read	der (Print Name/Faculty Title)	Signature	Date
(Second Reader email address)			
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^{*}The first reader must be a member of the full-time faculty of NYU Wagner. The second reader must be a New York University faculty member, whether a full-time or a part-time/adjunct faculty member of NYU Wagner, or a faculty member from another school at New York University (provided that permission of the first reader is obtained).