

MPA/MUP THESIS THESIS PROPOSAL APPROVAL FORM

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

Student Information:			
Name:	Morris Last Name	Kevin ast Name First Name	
Univ. ID#:	N_13692828	First Nan	ne
Phone:	971-998-5282		Degree: MPA-PNP MPA-Health MUP
NYU Email:	kevin.morris@nyu.edu		<u> MIMOP</u>
Student Sig	nature:		Date:
TO BE COMPLETED BY FACULTY - DO NOT WRITE IN THIS AREA			
Thesis Proposal Status			
☐ Approved ☐ Not Approved			
Thesis Proposal Approved by:			
Faculty Progr	am Director (Print Name)	Signature	Date
Faculty Capst	one Director (Print Name)	Signature	Date
*First Reader	(Print Name/Faculty Title)	Signature	Date
(First Reader email address)			
*Second Read	ler (Print Name/Faculty Title)	Signature	Date
(Second Reader email address)			

*** Students must scan and email completed form to wagner.academicservices@nyu.edu, with a copy to wagner.studentservices@nyu.edu ***

^{*}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).