

# M.A. THESIS PROPOSAL COVER SHEET L699

For office use  
only

Section #:

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

DATE: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

TENTATIVE THESIS TITLE:

\_\_\_\_\_  
\_\_\_\_\_

## 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 Signature Date

\_\_\_\_\_  
Name Signature Date