



Thesis Proposal Approval Form

Name **SID**

Local Mailing Address

Graduate Major **Graduate Minor**

Thesis Title:

Typed Name:

Signature:

Major Professor **Date**

Committee Member **Date**

Committee Member **Date**

Committee Member **Date**

Committee Member **Date**

Associate Dean **Date**

Dean **Date**

This form must be forwarded to the Dean of Graduate School after all above signatures are obtained. A copy should be filed with the Associate Dean of the ATCoFA.