



Arthur Temple College of Forestry & Agriculture

Thesis Proposal Approval Form

Name SID

Local Mailing Address

Graduate Major Graduate Minor

Thesis Title: _____

Typed Name:	Signature :	
_____ Major Professor	_____ 	_____ Date
_____ Co-Major Professor	_____ 	_____ Date
_____ Committee Member	_____ 	_____ Date
_____ Committee Member	_____ 	_____ Date
_____ Committee Member	_____ 	_____ Date
_____ Associate Dean (ATCOFA)	_____ 	_____ Date
_____ Dean (ATCOFA)	_____ 	_____ Date
_____ Dean of the Graduate School	_____ 	_____ 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.