



Arthur Temple College of Forestry & Agriculture

Thesis Proposal Approval Form

Name	SID
Local Mailing Address	
Graduate Major	Graduate Minor

Thesis Title: _____

Typed Name:	Signature:	
Dr. _____ Major Professor	_____	_____ Date
Dr. _____ Committee Member	_____	_____ Date
Dr. _____ Committee Member	_____	_____ Date
_____ Committee Member	_____	_____ Date
_____ Committee Member	_____	_____ Date
Dr. _____ Associate Dean (ATCOFA)	_____	_____ Date
Dr. _____ Dean (ATCOFA)	_____	_____ Date
Dr. _____ 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.