



Arthur Temple College of Forestry & Agriculture

## Dissertation Proposal Approval Form

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**Name** **SID**

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**Local Mailing Address**

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**Graduate Major** **Graduate Minor**

**Thesis Title:** \_\_\_\_\_  
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<b>Typed Name:</b>	<b>Signature:</b>	
_____ <b>Major Professor</b>	_____	_____ <b>Date</b>
_____ <b>Committee Member</b>	_____	_____ <b>Date</b>
_____ <b>Committee Member</b>	_____	_____ <b>Date</b>
_____ <b>Committee Member</b>	_____	_____ <b>Date</b>
_____ <b>Committee Member</b>	_____	_____ <b>Date</b>
_____ <b>Associate Dean (ATCOFA)</b>	_____	_____ <b>Date</b>
_____ <b>Dean (ATCOFA)</b>	_____	_____ <b>Date</b>
_____ <b>Dean of Graduate School</b>	_____	_____ <b>Date</b>