

**MA/MS THESIS PROPOSAL ACCEPTANCE**

We have read and heard the formal presentation of the dissertation proposal of this student and formally accept it as the guide by which the dissertation research will be conducted. We realize that slight modifications can occur during the course of this research. However, the focus and scope of this research will remain the same. Should changes in the research be significant, a new proposal and presentation will be required. Please type full names and sign below.

Thesis Title:

**By signing this form, we accept this proposal:**

Major Professor:

Date:

Co-Advisor:

Date:

Committee Member:

Date:

Committee Member:

Date:

Committee Member:

Date:

Student:

Date:

Graduate Coordinator:

Date:

**(Please return signed original copy to the Graduate Program Assistant for Student's File)**

Email the following information, **at least one week prior to the defense**, to the Graduate Program Assistant: Proposal Title, Committee Members, and the date, time and location of the Defense. Be sure to reserve a room for the defense using the department's online reservation system.