THESIS PROPOSAL COMMITTEE MEETING – M.A. PROGRAM

NAME: _____________________________________________ DATE: _______________

Title of Thesis: _____________________________________________________________

_____ Approved

_____ Approved with Conditions/Changes
(State conditions and changes below)

_____ Not Approved (state reasons below)

_____ Other (Specify below)

COMMENTS/CHANGES:

Committee: ___________________________________________(Chair)
______________________________________________
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