



# Thesis / Project / Supervised Research Proposal Form Masters Degree

## General Information

Student's Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Proposed Title: \_\_\_\_\_

## Authorized Signatures

**The Major Advisor must indicate his/her approval before the student may circulate this proposal to the other members of the Advisory Committee.**

MAJOR ADVISOR APPROVAL TO DISTRIBUTE PROPOSAL TO COMMITTEE MEMBERS:

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Please print and sign your name in the space indicated below and indicate your decision on student's proposal:**

Advisory Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
( Pass - or - Fail )

Signature: \_\_\_\_\_

Advisory Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
( Pass - or - Fail )

Signature: \_\_\_\_\_

Advisory Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
( Pass - or - Fail )

Signature: \_\_\_\_\_

Advisory Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
( Pass - or - Fail )

Signature: \_\_\_\_\_

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_  
(Approval of Proposal)

Signature: \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_  
( Approve - or - Not Approve )

Signature: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
(or Associate Dean for Academic Affairs in Nursing) ( Pass -- or - Fail )

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean, The Graduate School

**A copy of the proposal must be submitted to the Dean of The Graduate School with this form.**