THE GRADUATE SCHOOL
THESIS PROPOSAL

Submit to the Graduate School no later than one semester prior to graduation.

Name:_____ID#:_____Date:_____

Address: _____

City:_____ State:_____ Zip:_____

Email: _____

Circle Degree: MS ○ MA ○ MFA ○ MSW ○ MM ○ MED ○ MSF ○

Major:_____Minor:_____

Title of Study:_____

_____

Name & Edition of Thesis Guide:_____

Please attach a copy of your Thesis Proposal. This Proposal should contain a clear and concise Statement of the purpose of the thesis, the significance of the information to the field of study, appropriate background, and detailed methodology that will be used in the study. See page 2 of the Master's Thesis Guide. The proposal can be as many pages as it takes to clearly and concisely describe your research problem.

Required Signatures

Signature of Student:_____

Approved:

_____
Major Advisor Date

_____
Member Date

_____
Member Date

_____
Major Department Head Date

_____
Dean of College Date

_____
Dean of Graduate Studies and Research Date

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