

**THESIS/PROJECT/SUPERVISED RESEARCH PROPOSAL FORM
MASTER'S DEGREE**

Name of Student:

Degree Sought: Program:

Select one of the following

Thesis:

Project:

Supervised Research:

If you approve the attached Research Proposal, sign your name in the space indicated. The Major Advisor must indicate his/her approval before the student may circulate this proposal to the other members of the Advisory Committee.

Name

Signature

Date

Major Advisor

Department Chair (or Associate Dean for Academic Affairs in Nursing)

Dean, School of Graduate Studies

Proposed Title:

A copy of the proposal must be submitted to the Associate Dean with this form.