THESIS PROPOSAL APPROVAL FORM

Student Information

Last name: _____ First name: _____

Degree Progam: _____ Department: _____ College: _____

Title of Approved Thesis:

_____

_____

_____

Proposal Readers: 1) _____

2) _____

3) _____

Has the student been granted a language substitution? ☐ Yes ☐ No

Is the substituted language being used to research the primary literature? ☐ Yes ☐ No

If the substituted language is not the language of the primary literature, the student must fulfil normal language requirements. See AD Handbook, par. 4.5.4.

APPROVAL

☐ Thesis Proposal Approved ☐ Thesis Proposal Not Approved

Revised Proposal will be resubmitted within 3 months on _____ .

Signature of Committee Chair: _____ Date: _____

Committee Chair is responsible for the distribution of this form as shown below:

Original (with copy of approved proposal): TST AD Director
Copies: College file
Department Chair
Student