

Educational, School and Counseling Psychology

Acceptance of Thesis Proposal

Candidate's Name _____ Student # _____

Degree Program _____

Emphasis Area (if applicable) _____

Date of Meeting _____ Expected Graduation Date _____

This candidate's Thesis Proposal has been examined by the Committee with the following results:

Accepted

Not Accepted

Signatures of the Thesis Committee Members:

1. _____
Chair

2. _____

3. _____

4. _____

5. _____

Accepted: _____
Director of Graduate Studies

Date