Graduate Thesis Topic Approval Form

Student Name			
Student ID			
Department / Program			
Degree Sought			
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Thesis Title			
Thesis Abstract / Summary			
Thesis Abstract / Summary			
Proposed Supervisor			
Co-supervisor (if any)			
Committee Members			
Name	Depa	rtment / Affiliation	
Student Signature & Date			

Program Chair Approval & Date	
For office use only	
Date Approved	
Comments	