

Th.M. THESIS APPROVAL SHEET

Student's Name _____ Student ID# _____

Semester _____ Credit Hours _____

The following is to be completed by the professor:

1. Title of the study (to be listed as the course sub-title on the permanent record):

2. Briefly state the subject of the study:

3. Briefly describe the process by which student's accountability will be determined.

Professor's Name (please print) _____

Professor's Signature: _____ Date _____

Course # and Title _____

Associate Dean Signature _____ Date _____