

M.A. PROJECT (W609) PROPOSAL ACCEPTANCE, DEPARTMENT OF ENGLISH, IUSB

NAME: _____

TENTATIVE PROJECT TITLE:

APPROVAL OF PROJECT PROPOSAL:

(The student and all three members of the committee should type or print their names and sign and date this form. The student's signature indicates that s/he submits the proposal in its current form. The committee members' signatures indicate that each approves the proposal in its current form.)

STUDENT:

Name: _____

Signature: _____

Date: _____

THESIS DIRECTOR:

Name: _____

Signature: _____

Date: _____

COMMITTEE MEMBERS:

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____