

APPROVAL FORM FOR MASTER'S THESIS PROPOSAL
Department of Human Development and Family Studies

Name (Last, First, Middle)

PID Number

Major Professor

Research Director

Major

Minor(s)

Thesis Credits

TENTATIVE TITLE: _____

Proposed Schedule:

Pilot Study

completed; to be done; none necessary

Estimated date of completion

Approval Date

ADVISORY COMMITTEE

Major Professor

Date Approved

Research Director (if other than Major Professor)

Date Approved

Major Area Representative

Date Approved

Major Area Representative

Date Approved

Approved by: _____
Department Chairman

Date