



Masters – Approval of Thesis Proposal

Student Number: _____

Last Name: _____

First Name: _____

Email address: _____

Phone number: _____

Proposed Thesis Topic

Please provide as much detail as possible

Does this proposal require ethics approval? yes no

If yes, has ethics approval been obtained?
(if yes, please submit copy with this form) yes no

_____ Supervisor Name (please print)	_____ Signature	_____ Date
_____ Committee Member #1 Name (please print)	_____ Signature	_____ Date
_____ Committee Member #2 Name (please print)	_____ Signature	_____ Date
_____ Committee Member #3 Name (please print)	_____ Signature	_____ Date
_____ Student Name (please print)	_____ Signature	_____ Date
_____ Program Coordinator Name (please print)	_____ Signature	_____ Date