

THESIS/DISSERTATION PROPOSAL DEFENSE

NAME: _____ STUDENT ID: _____

ADDRESS: _____

_____ EXPECTED SEMESTER OF GRADUATION: _____

TELEPHONE NO.: _____ RADFORD E-MAIL: _____

- I. Semester(s) and year of registration of thesis dissertation credits. Include course prefix, course number, and number of credits.

- II. Title of Thesis:

- III. Attach one typed copy of your thesis/dissertation proposal. The proposal should include a clear statement of the topic, the rationale, method, and a list of references in a format appropriate to your discipline.

THE THESIS/DISSERTATION ADVISORY COMMITTEE MET ON _____ (date). WE APPROVE THE ATTACHED PROPOSAL AND AGREE THAT THE STUDENT MAY PROCEED WITH THIS PROJECT.

APPROVALS:

Committee Chair Printed/Typed_____
Signature_____
Date_____
Committee Member Printed/Typed_____
Signature_____
Date_____
Committee Member Printed/Typed_____
Signature_____
Date_____
Department/Program Chair Printed/Typed_____
Signature_____
Date