

DEPARTMENT OF ……………………………….

## THESIS PROPOSAL COMMITTEE REVIEW

|  |  |
| --- | --- |
| **POSTGRADUATE STUDENT NAME:** |  |
| **RESEARCH TITLE:** |  |
| **THESIS SUPERVISOR NAME:** |  |
| **THESIS PROPOSAL EVALUATION COMMITTEE:** | |
|  |  |
| 1. Member; recommended by Department Chairman |
| 1. Member; recommended by Thesis Supervisor |  |
| 1. Member; recommended by Program Director |  |
| **(Please indicate the head of the committee by an asterisk \*)**  **DATE:** |  |

**COMMITTEE RECOMMENDATIONS:**

|  |  |
| --- | --- |
| 🞏 | Approval of Thesis proposal |
| 🞏 | Approval of Thesis proposal with the following recommendations: |
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|  |  |
|  |  |
|  |  |
| 🞏 | Disapproval of Thesis proposal for the following reasons |
|  |  |
|  |  |
|  |  |
|  | Changes to be followed by ……………………………. |