



DEFENSE / THESIS- PROPOSAL APPROVAL FORM

☐ Masters

☐ Doctoral

Student Name _____

Student ID _____

Date of Proposal _____

Proposed Graduation Semester _____

Major _____

Title of Thesis/Dissertation Proposal: (please type)

If the student did not pass, please check this box: ☐

Signing below indicates that you agree with statements #1 and #2 below for the above-named student

Committee

1) I agree that the above named student has given a successful proposal.

2) I agree that the above named student's proposal meets with the committee's approval.

Comments:

Co-Chair (if applicable):

Member:

Member:

External Member:

Member:

submit form to gradforms.educ@ttu.edu