



STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL

Thesis Proposal Approval Form

****Proposal must be attached****

Name SID

Local Mailing Address

Graduate Major Graduate Minor

Thesis Title: _____

Typed Name: _____ Signature: _____

Major Professor _____ Date _____

Committee Member _____ Date _____

Committee Member _____ Date _____

Committee Member _____ Date _____

Academic Unit Head _____ Date _____

Dean _____ Date _____

Dr. Pauline Sampson _____
Dean of Research and Graduate Studies Date _____

****All committee members must hold approved Graduate Faculty status. ****

This form must be forwarded to the Dean of Graduate School after all above signatures are obtained.