



STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL

Thesis Proposal Approval Form

**** Thesis proposal must be attached to this form****

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. Richard Berry
Dean of the Graduate School **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.