



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. Freddie Avant _____
Interim 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.