

Thesis/Project/Dissertation Proposal Approval

Name of Student:

Degree Program:

Thesis Project Dissertation

Proposal meeting date:

Working title of thesis/project/dissertation:

Committee Approval

Chairperson (print or type name)

Signature

date

Committee Member (print or type name)

Signature

date

Committee Member (print or type name)

Signature

date

Committee Member (print or type name)

Signature

date

Committee Member (print or type name)

Signature

date

*Electronic signatures accepted

Return this form to the SOJC Graduate Programs Office at SOJCgrad@uoregon.edu