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| Student Name:  Student Number: |
| Degree Sought:  Title of Thesis: |
| Date of Proposed Defense:  **Thesis Committee:**  Thesis Advisor:  Committee Member:  Committee Member:  Committee Member:  Committee Member:  **Recommendation:**        Approval        Approval with minor revision  (Specify below. Revisions to be approved by the Thesis Advisor)          Major revision: Repeat proposal defense  **Signatures:**  Thesis Advisor:  Committee Member:  Committee Member:  Committee Member:  Committee Member: |

The Thesis Advisor certifies that the Committee agrees that the proposal reflects the nature and scope of the thesis work. Any required changes must be documented.