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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.