

**MASTER OF SCIENCE
Proposal Approval**

Student (Please print) _____ G-Number _____

Program: _____ Concentration: _____

I attest the attached Master's proposal has received an exempt/nonexempt protocol determination from the Office of Sponsored Programs.

Student Signature _____ Date _____

We, the undersigned, approve the attached proposal titled

and dated _____.

Project Advisory Committee

Printed Name--Chair _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Thesis Committee

Printed Name--Chair _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Department Approval

DEPARTMENT CHAIR SIGNATURE _____ DATE _____