



**Graduate Science Education
Thesis Proposal Approval Form**

Name of Student: _____

UCID: _____

Program: MDCH

Degree: PhD

Supervisor: _____

Specialization: Choose an item.

The written research Proposal for the above mentioned student has been accepted.

Thesis Proposal Title:

_____	_____	Click or tap to enter a date.
Supervisor name printed	Supervisor signature	Date
_____	_____	Click or tap to enter a date.
Co-Supervisor name printed (if applicable)	Co-Supervisor signature	Date
_____	_____	Click or tap to enter a date.
Supervisory Committee member name	Supervisory Committee member signature	Date
_____	_____	Click or tap to enter a date.
Supervisory Committee member name	Supervisory Committee member signature	Date
_____	_____	Click or tap to enter a date.
Supervisory Committee member name	Supervisory Committee member signature	Date

Office of Graduate Science Education Use Only

Date Received:

Graduate Program Directors Signature: