

**Graduate Science Education**

**Thesis Proposal Approval Form - MSc**

Name of Student:

Program:

Supervisor:

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

Thesis Proposal Title:

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| --- | --- | --- | --- | --- |
|       |  |  |  | Date |
| Student name printed |  | Student signature |  |  |
|       |  |  |  |  |
| Supervisor name printed |  | Supervisor signature |  | Date |
|       |  |  |  |  |
| Co-Supervisor name printed (if applicable) |  | Co-Supervisor signature |  | Date |
|       |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |
|       |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |
|       |  |  |  |  |
| Supervisory Committee member name printed |  | Supervisory Committee member signature |  | Date |

***Office of Graduate Science Education Use Only***

Date Received:

Graduate Program Directors Signature: