

CLAS Graduate Office

Master's Thesis – Outline & Record of Approval

This form must be submitted and approved before beginning thesis work.

STUDENT'S NAME: _____ **Date** _____
PLEASE PRINT OR TYPE

Major _____ **Adviser** _____
INCLUDE AREA OF SPECIALIZATION

I plan to have my thesis completed by (date) _____

I have conferred with my adviser, am presenting below an outline of my thesis and have secured by adviser's approval of the thesis subject and outline. It is understood that this thesis will constitute the equivalent of at least eight semester hours of course work and that it will conform to the standards of correct style.

THE TITLE OF THE THESIS _____

This subject is significant and important for thesis study because:

The following is a statement of the thesis problem, its scope, source of materials and the methods that will be employed.

X _____

STUDENT'S SIGNATURE

Approved by Advisor _____ **Date** _____

Accepted by the Graduate Office _____ **Date** _____