

MASTER'S THESIS OUTLINE - RECORD OF APPROVAL

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

(PLEASE PRINT OR TYPE)

STUDENT'S NAME:	ID#
	ADVISOR:
I plan to have my thesis completed by (date): _	
	e the equivalent of at least eight semester hours of form to the University standards of correct style.
THE PROPOSED TITLE OF THE THE	ESIS:
0	s problem, its scope, source of materials and the
This subject is significant and important	t topic for study for the following reasons:
Student's Signature:	Date:
	Date: Date: