Today's Date:_____ Date of Last Meeting_____

Pre-Proposal Thesis Committee Record

This form must bear the signatures of all present committee members. Please return the original form to June Green. Copies, if requested, can be distributed to each committee member. Include appropriate mailing addresses on the reverse side for any off campus locations.

Student_____ Student Number___ _____

Thesis Committee

Thesis Committee Member names PRINTED	*Signatures of Thesis Committee Members Present* (please note reasons for any absences on signature line)
_____ *Chair*	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Recommendations & Comments

(use reverse side, if necessary)

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