

OSU-GCGP Thesis Proposal Approval Form

Name of Student: _____

Name of Advisor: _____

Proposed Thesis Title: _____

Signatures of committee members:

The undersigned have read the thesis proposal and, by signing, have indicated unanimous approval for the student to proceed, following completion of any conditions specified below.

Name (Print)	Signature	Date

Conditions to be met before proceeding:

This form and a copy of the thesis proposal must be submitted to the OSU-GCGP Associate Director, who will include it in the student's file.