

Report of the Master's Thesis Proposal

School of Counseling and Counseling Psychology

This form must be submitted with your program of study when you request the signature of the Director of the Academic Unit.

Name of Student: _____

Thesis Title: _____

Outcome	PLEASE TYPE NAMES	SIGNATURES	DATE
Pass Fail	Committee Chair:		
Pass Fail	Committee Member:		
Pass Fail	Committee Member:		
Pass Fail	Committee Member:		
Pass Fail	Committee Member:		
Pass Fail	School Director:		