

Report of the Master's Thesis Proposal

Counseling and Counseling Psychology

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