Thesis Proposal Form

College of Graduate Studies
Maxwell Library, Room 019
Bridgewater State University
Bridgewater, Massachusetts 02325

Student's Name: _____
(Print)

_____ _____
BSU Banner ID Student's Signature

has presented as a proposed thesis topic _____
_____
_____

Proposed title of Thesis: _____
_____

The student's proposal should be presented in detail and attached to this form.

Course Number: _____ for _____ credits
Semester/Year: _____

We approve the thesis topic and attached proposal:

_____ _____
Chair of Thesis Committee Date

_____ _____
Committee Member Date

_____ _____
Committee Member Date

_____ _____
Graduate Coordinator Date

_____ _____
Dean, College of Graduate Studies Date

Revised 2/2011