



Thesis Proposal Form

School of Graduate Studies
Bridgewater State College
Bridgewater, Massachusetts 02325

Name of Student: _____
(Print)

_____ Social Security # _____ Signature of Student

has presented as a proposed thesis topic _____

Proposed Title of Thesis: _____

Course Number: _____ for _____ Credits Semester/Year _____

We approve the thesis topic and proposal. Please sign and date.

_____	_____
Date	Chair of Thesis Committee
_____	_____
Date	Committee Member
_____	_____
Date	Committee Member
_____	_____
Date	Graduate Coordinator
_____	_____
Date	Dean, School of Graduate Studies

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