## **EASTERN MICHIGAN UNIVERSITY**

## Graduate School

## Master's Thesis PROPOSAL Approval Form

Student Name	Date of Meeting	
Program of Study	ID#	
Committee Chair		
TEN	TATIVE TITLE OF PROPOSED TH	ESIS
COMN	MITTEE REPORT ON THESIS PROF	POSAL
After review of the thesis propos	al, the Thesis Committee certifies that:	
[] The proposed research Review Committee prior	h does NOT involve the use of human or h involves human subjects and will be set to data collection.  Ty and the following deficiencies must be	nt to University Human Subjects
	COMMITTEE SIGNATURES	
Chair Name	Signature	Date
Member Name	Signature	Date
Member Name	Signature	Date
Member Name	Signature	Date
ACKNOV	WLEDGEMENT OF PROPOSAL API	PROVAL
Date Progr	am Coordinator/Dept. Head	
Send signed original to Graduate	e School.	