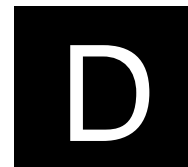


## FORM D: SENIOR THESIS PROPOSAL



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STUDENT NAME

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STUDENT ID NUMBER

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DEPARTMENT

---

COURSE NUMBER

---

CRN NUMBER

---

SEMESTER & YEAR

---

FACULTY THESIS SUPERVISOR (print name)

---

FACULTY THESIS SUPERVISOR (signature)

---

DATE

---

STUDENT-SELECTED THESIS  
DEFENSE COMMITTEE MEMBER (print name/names)

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DEPARTMENT CHAIR – ASSIGNED THESIS  
DEFENSE COMMITTEE MEMBER (print name)

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STUDENT-SELECTED THESIS  
DEFENSE COMMITTEE MEMBER (signature/signatures)

---

DEPARTMENT CHAIR – ASSIGNED THESIS  
DEFENSE COMMITTEE MEMBER (signature)

---

IRB CHAIR APPROVAL (or waiver) SIGNATURE

---

DATE

---

DEPARTMENT CHAIR SIGNATURE (budget approval)

---

ACCOUNT NUMBER (institutional expenses)

**Please attach a summary of the thesis proposal including the following information:**

- 1. A descriptive title**
- 2. A general description of the basic question your thesis will answer or the creative approach your thesis will take**
- 3. An outline of the proposed activities associated with the development of the thesis, noting the target dates for completion of each of the activities**
- 4. Review of the necessary resources, materials, equipment, and financial support required to complete your thesis**

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STUDENT SIGNATURE

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DATE

**Note: The completed form and attachments must be submitted to the Office of the CAS Dean no later than the TENTH (10<sup>th</sup>) Friday of the term in which the student is taking XXX 493.**