



Thesis Proposal Form (M.A.-History)

Student: ID#

Date:

Topic of Thesis:

Working Title:

Estimated Completion Date:
(semester) (year)

Thesis Advisor:

Second Reader:

Third Reader:

Proposal attached: Yes No

Approved:

Thesis Advisor

Director of Graduate Studies

Department Chair

cc:
Thesis Advisor
Second Reader
Third Reader
Student