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Thesis Proposal Form Name: (Type or print)		Date: ID#:
Topic of Thesis:		
Working Title:		
Estimated Completion Date: (Se	mester and Year)	
Thesis Advisor: (Type or print)		
Second Reader: (Type or print)		
Third Reader: (Type or print)		
Proposal attached:	□ Yes	□ No
Approval signatures:		
Thesis Advisor		
Second Reader		
Third Reader		
Coordinator of Graduate Studies		
Student's Signature:		