



MBE Thesis Proposal Acceptance Form

Student Name: _____

ID #: _____ Date: _____

Title of Thesis: _____

Signatures: *The undersigned persons are the voting members of the thesis committee and find that the student has passed the thesis proposal*

_____ Committee Chair – Print	_____ Signature	_____ Date
_____ Committee Member – Print	_____ Signature	_____ Date
_____ Committee Member – Print	_____ Signature	_____ Date
_____ Committee Member – Print	_____ Signature	_____ Date
_____ Committee Member – Print	_____ Signature	_____ Date

Return completed form to Program Administrator (Ashley Holden)