PROGRAM APPROVAL OF PROPOSED THESIS TOPIC

TO:	The Office of Graduate Studies
FROM:	, Department Chair
	, Graduate Program Coordinator
DATE:	
	The proposed thesis topic of
entitled	
has been	a approved by the Program of
on	
Two cop	pies of the Thesis Proposal Application are attached.

THESIS PROPOSAL APPLICATION

NAME:		MAJOR:		
ADDRESS:		_SPECIALIZA	ΓΙΟΝ:	
CITY:		STATE:	ZIP:	
AREA CODE & TELEPHO	NE NUMBER:			
E-MAIL ADDRESS:				
PROPOSED THESIS TITL	E:			
An outline of the proposed the thesis project, the objection application. The proposed the propo	ives of the project and the n	nethod to be us	ed, must be included v	with this
PROPOSED THESIS COM	MITTEE:			
Committee members should indicating their approval of to DEPARTMENT CHAIR:				
NAME	DEPARTMENT		SIGNATURE	DATE
GRADUATE PROGRAM S	SUPERVISOR:			
NAME	DEPARTMENT		SIGNATURE	DATE
THESIS COMMITTEE CH.	AIR:			
NAME	DEPARTMENT		SIGNATURE	DATE
THESIS COMMITTEE ME	MBERS:			
NAME	DEPARTMENT		SIGNATURE	DATE
NAME	DEPARTMENT		SIGNATURE	DATE
NAME	DEPARTMENT		SIGNATURE	DATE
STUDENT SIGNATURE	DATE			
	 Chairperson Graduate Coordinator 		(3) Thesis Committee(4) Student	ee Chair

OUTLINE OF PROPOSED THESIS

PROPOSED THESIS TITLE

STUDENT'S NAME		

OUTLINE OF PROPOSED THESIS

I.	Statement of the Problem
II.	Scope of the Thesis Project
III.	Objectives of the Thesis Project
IV.	Methods to be used

Style manual to be followed (e.g. Chicago, MLA, or APA)

V.

THESIS PROPOSAL TITLE PAGE

THE COLLEGE OF NEW JERSEY Ewing, New Jersey 08628

TITLE

A Thesis Proposal Submitted in Partial Fulfillment of the Requirements for the Degree

of Master of		in
Name		
Approved by the Thesis Committee:		
	(Chair)	Date
		Date
		Date
		Date

THESIS PROPOSAL APPROVAL

10:	The Office of Graduate S	udies
FROM:		, Department Chair
		, Graduate Program Coordinator
DATE:		
The The	sis Proposal of	
entitled		
		Program
on		Two copies of the Thesis Proposal are attached.

THESIS TITLE PAGE

THE COLLEGE OF NEW JERSEY Ewing, New Jersey 08628

TITLE

A Thesis Submitted in Partial

Fulfillment of the Requirements for the Degree

of Master of		in
Name		
Approved by the Thesis Committee		
	(Chair)	Date
		_Date
		Date
		Date

ORAL DEFENSE OF THESIS

WRIT:	ER OF THESIS				
EVALUATED			DATE		
1.	Pass	Fail			
2.	Comments (a	attach additional pa	ges as needed):		
Signat	ures of Thesis Comm	nittee Members present at t	he oral defense		
		(Chair)	Date		
			_Date		
			_Date		
			_Date		

FINAL THESIS APPROVAL

TO:	The Office of Graduate Studies		
FROM:		,	Department Chair
	,	,	Graduate Program Coordinator
DATE:			
The The	esis of		entitled
	n approved by the Department of		
on		·	
	dent's Thesis Committee members were:		

Three (3) copies of the Thesis are being submitted.

DEAN OF GRADUATE STUDIES FINAL THESIS ACTION

TO: Dean of Graduate Studies and	the Office of Graduate Studies
FROM:	, Chair, Thesis Review Committee
DATE:	
Student's Name	Major Department
	Title of Thesis
is approved by the Dean	of Graduate Studies
is approved by the Dean	of Graduate Studies, with reservations noted below
is <u>not</u> approved by the D	ean of Graduate Studies (reason or reasons listed below)
Comments:	
	Date
Dean of Graduate Studies (signature)	