FORM 2A                                    APPROVAL OF THESIS PROPOSAL                                 STEP 2

TO:     Dean, School of Graduate Studies, Henry Barnard, Room 102

FROM:  
Primary Thesis Advisor       Department

Attached Approved Thesis Proposal Prepared By:

<table>
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<tr>
<th>Name:</th>
<th>CCSU ID:</th>
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<td>Street:</td>
<td>Phone:</td>
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<td>City/State/Zip:</td>
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DEGREE (circle one): MA   MS   PROGRAM:

Title of Thesis:

Check Appropriate Box

If Human or Animal subjects are involved, attach your proposal to either the - HSC □ or IACUC □
□ No Human or Animal subjects were involved.

Required Signatures:

Primary Thesis Advisor:
Signature __________________ Print Name __________________ Date ____________

Committee Member:
Signature __________________ Print Name __________________ Date ____________

Committee Member:
Signature __________________ Print Name __________________ Date ____________

Committee Member:
Signature __________________ Print Name __________________ Date ____________

Accepted By:
Print Name __________________ Date ____________

Dean, School of Graduate Studies

Revised 10/10/14