TO: Dean, School of Graduate Studies

FROM:

Primary Thesis Advisor
Department

SUBJECT: Approval of Thesis Outline

Attached you will find one copy of the approved thesis outline prepared by:

Name:  
CCSU ID:  
Street:  
Phone (H): (   )
City/St/Zip:  
(W) (   )
Country:  
Date:  
Major:  
Degree Program:  

Title of Approved Thesis Outline:

If human or animal subjects are involved, your proposal to HSC ☐ or IACUC ☐ should be attached.

REQUIRED THESIS PROPOSAL SIGNATURES:

Primary Thesis Advisor:  
Date Approved by Primary Thesis Advisor:  
Committee Member:  
Committee Member:  
Committee Member:  

ACCEPTED BY:

Dean, School of Graduate Studies

Date Accepted by Dean of Graduate Studies: