



**Department of Sociology and Interdisciplinary Social Sciences  
M.A. Thesis Proposal Defense Form**

Student Name: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

The student has **successfully defended** his/her M.A. thesis proposal.

**APPROVALS:**

	Full Name	Signature of Approval	Date signed
<input type="checkbox"/> Chair <input type="checkbox"/> Co- Chair			
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair			
Committee Member			
Committee Member			
Program Director			

The student **did not successfully defend** his/her M.A. thesis proposal.

	Full Name	Signature of Approval	Date signed
<input type="checkbox"/> Chair <input type="checkbox"/> Co- Chair			
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair			
Program Director			