College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Approval of Thesis or Dissertation Proposal

☐ **Thesis** ☐ **Dissertation**

Name: _____ Student ID #: _____

Last *First* *M.I.*

Academic Department: _____ Academic Program: _____

Title: _____

Date of Defense: _____

Committee Approval of Defense

The committee members certify that the student has successfully defended a written proposal that meets the program standards, including academic integrity. Additionally, the student has made all requested edits and revisions.

Committee Chair: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

Certification of Final Proposal

Upon recommendation of the committee chair and members, we certify that the proposal has been defended and meets the standards of the program and the college.

Department Chair: _____
Printed Name *Signature* *Date*

Home College Dean: _____
Printed Name *Signature* *Date*

CGPS Dean: _____
Printed Name *Signature* *Date*

Scan this form and email to the College of Graduate and Professional Studies, ISU-GradInfo@indstate.edu. Forms will only be accepted when emailed from the department or college.

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Revised September 1, 2018