

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Approval of Thesis or Dissertation Proposal

		Thesis	Dissertation	
Name:				Student ID #:
	Last	First	M.I.	Ю π
Academic		Academic		
Department:		Program:		
Title:				
Date of				
Defense:				
		Committee Approv	al of Defense	
The committee	e members certify that the stu	dent has successfully defe	ended a written proposal that r	neets the program standards,
including acad	demic integrity. Additionally, t	ne student nas made all re	equested edits and revisions.	
Committee C	Chair:			
	Printed Name	University ID	Signature	Date
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Committee M	Printed Name	University ID	Signature	Date
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Committee N				
	Printed Name	University ID	Signature	Date
Committee N	Member:			
	Printed Name	University ID	Signature	Date
Committee M	lember:			
Committee iv	Printed Name	University ID	Signature	Date
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	_	Certification of Fi	nal Proposal	
Upon recomm	endation of the committee ch	air and members, we certi	fy that the proposal has been o	defended and meets
	of the program and the collect			
Department (Chair:			
Department (Printed Name	Sian	ature	Date
	i iiilou ivaiiio	Sign	atai o	Dato
Academic De	ean:			
	Printed Name	Sign	ature	Date
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Scan this form and email to the Office of the Registrar, registrar@indstate.edu. Forms will only be accepted when emailed from the department or college.

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