



**Master of Arts Degree  
Thesis Proposal Acceptance**

**Instructions:**

1. Meeting information and committee members' names must be typed by the student prior to the meeting.
2. A copy of the completed Thesis Proposal must be attached.
3. Advisors please return this form to Graduate Secretary once all committee members have signed and dated form.
4. Please identify non-Kinesiology Department members in the comments section and indicate department and university affiliation, when applicable.

**Student's Name:**

**Area of Specialization:**

**Major Advisor:**

**Date of Proposal Meeting:**

**Committee Members:**

Type Name	Signature	Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Conditions & Comments:

\_\_\_\_\_  
Graduate Director (Signature)

\_\_\_\_\_  
Date