

**Master of Arts Thesis Title Approval Form**

Student's Name \_\_\_\_\_

Major Field \_\_\_\_\_ Degree expected \_\_\_\_\_  
(Month) (Year)

Proposed Title of Thesis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

First Reader \_\_\_\_\_ Date \_\_\_\_\_

Second Reader \_\_\_\_\_ Date \_\_\_\_\_

Department Chairman \_\_\_\_\_ Date \_\_\_\_\_