

**Department of Earth and Environmental Sciences
Masters Thesis Proposal**

Graduate Student Name: _____

Graduate Program Start Date (semester/year): _____

Date of Meeting (month/day/year): _____

Committee Member	Signature	Pass	Fail
Chair			

If the committee has any recommendations, list those below.

This form should be returned to the DGS with three days of the meeting. A copy should be placed in the student's file, and also given to the student.