



IGS Masters - Approval of Thesis Proposal

Student Name:	Student #:	Date:
Email Address:	Phone Number:	

Proposed Thesis Topic (with as much specificity as possible)

Does this proposal require ethics approval? Yes No

If yes, has ethics approval been obtained? Yes No

_____ <i>Supervisor's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Co-supervisor's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Committee Member's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Committee Member's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Committee Member's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

_____ <i>Student's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Theme Coordinator's Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>