

APPROVAL OF THESIS PROPOSAL

Department of Psychology  
Northern Illinois University

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

Title (tentative) \_\_\_\_\_

Date of Proposal \_\_\_\_\_ Expected Date of Defense \_\_\_\_\_

<u>PROPOSAL APPROVED</u>		<u>AREA</u>	<u>DATE</u>
_____ Director/Co-Director	_____ Signature	_____	_____
_____ Co-Director/Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
_____ Director of Graduate Studies	_____ Signature		_____

Student should submit PDF version of approved thesis proposal to the Graduate Studies Assistant.  
PDF version on shared drive \_\_\_\_\_  
date