PROGRAM APPROVAL OF PROPOSED THESIS TOPIC

TO:      The Office of Graduate Studies

FROM:    ______________________________________, Department Chair
                  ______________________________________, Graduate Program Coordinator

DATE:    ____________________

The proposed thesis topic of ______________________________________________
entitled  _______________________________________________________________________________
has been approved by the Program of ______________________________________________
on _______________________________.

Two copies of the Thesis Proposal Application are attached.
THESIS PROPOSAL APPLICATION

NAME: ________________________________________________________ MAJOR: ________________________________

ADDRESS: ___________________________________ SPECIALIZATION: __________________________

CITY: __________________________________________ STATE: _______________ ZIP: ________________

AREA CODE & TELEPHONE NUMBER: ________________________________________________________________

E-MAIL ADDRESS: ______________________________________________________________________________

PROPOSED THESIS TITLE:

An outline of the proposed thesis, which includes a statement of the problem to be addressed, the scope of the thesis project, the objectives of the project and the method to be used, must be included with this application. The proposed thesis title and your name should appear at the top of this description.

PROPOSED THESIS COMMITTEE:

Committee members should sign this form prior to its submission to the Graduate Committee, thereby indicating their approval of the proposed study and their willingness to serve on your Thesis Committee.

DEPARTMENT CHAIR:

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

GRADUATE PROGRAM SUPERVISOR:

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

THESIS COMMITTEE CHAIR:

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

THESIS COMMITTEE MEMBERS:

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

NAME ____________________________ DEPARTMENT ____________________________ SIGNATURE ___________ DATE ____________

STUDENT SIGNATURE ____________________________ DATE ____________

Submit 4 copies: (1) Chairperson (3) Thesis Committee Chair
(2) Graduate Coordinator (4) Student
OUTLINE OF PROPOSED THESIS

PROPOSED THESIS TITLE

___________________________________________
STUDENT’S NAME

OUTLINE OF PROPOSED THESIS

I. Statement of the Problem

II. Scope of the Thesis Project

III. Objectives of the Thesis Project

IV. Methods to be used

V. Style manual to be followed (e.g. Chicago, MLA, or APA)
THESIS PROPOSAL TITLE PAGE

THE COLLEGE OF NEW JERSEY
Ewing, New Jersey  08628

TITLE

A Thesis Proposal Submitted in Partial
Fulfillment of the Requirements for the Degree

of  Master of __________________________ in __________________________

Name________________________________________________

Approved by the Thesis Committee:

__________________________ (Chair)   Date__________________________

__________________________ Date__________________________

__________________________ Date__________________________

__________________________ Date__________________________
THESIS PROPOSAL APPROVAL

TO: The Office of Graduate Studies

FROM: __________________________________________, Department Chair

___________________________________________, Graduate Program Coordinator

DATE: __________________

The Thesis Proposal of __________________________________________________________

entitled __________________________________________________________

has been approved by the ______________________________________ Program

on ___________________________. Two copies of the Thesis Proposal are attached.
A Thesis Submitted in Partial
Fulfillment of the Requirements for the Degree
of Master of __________________________ in __________________________

Name __________________________

Approved by the Thesis Committee

____________________________________(Chair)  Date______________________________

____________________________________________________Date______________________________

____________________________________________________Date______________________________

____________________________________________________Date______________________________
ORAL DEFENSE OF THESIS

WRITER OF THESIS
EVALUATED __________________________ DATE ____________________

1. Pass    Fail

2. Comments (attach additional pages as needed):

Signatures of Thesis Committee Members present at the oral defense

____________________________________ (Chair)   Date______________________

____________________________________ Date______________________

____________________________________ Date______________________

____________________________________ Date______________________
TO: The Office of Graduate Studies

FROM: ____________________________ , Department Chair
       ____________________________ , Graduate Program Coordinator

DATE: __________________________

The Thesis of ____________________________ entitled ____________________________

has been approved by the Department of ____________________________

on ____________________________.

The student’s Thesis Committee members were:

_____________________________________________ Chair

 ____________________________________________

 ____________________________________________

 ____________________________________________

 ____________________________________________

Three (3) copies of the Thesis are being submitted.
DEAN OF GRADUATE STUDIES
FINAL THESIS ACTION

TO: Dean of Graduate Studies and the Office of Graduate Studies

FROM: ______________________________, Chair, Thesis Review Committee

DATE: ______________________________

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Student’s Name

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Major Department

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Title of Thesis

________ is approved by the Dean of Graduate Studies

________ is approved by the Dean of Graduate Studies, with reservations noted below

________ is not approved by the Dean of Graduate Studies (reason or reasons listed below)

Comments:

__ ______________________________ Date ______________________________________

Dean of Graduate Studies (signature)