

**GRADUATE PROJECT PROPOSAL ACCEPTANCE FORM**

Date: \_\_\_\_\_

We hereby certify that the thesis committee for

\_\_\_\_\_  
(student's name)

met in person to review the thesis proposal on \_\_\_\_\_

and that the student has successfully defended his/her proposal and is ready to proceed with his/her graduate project, which is entitled

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Thesis Committee Chair

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

Return this form with a copy of proposal to:

Director, MLS Program  
CV-018B  
IU Southeast