



THESIS PROPOSAL APPROVAL FORM

DATE: _____ NMU IN: _____

NAME (L,F, MI): _____

EMAIL ADDRESS: _____ GRADUATE PROGRAM: _____

THESIS TITLE: _____

TOTAL # OF THESIS CREDITS: _____ FIRST SEMESTER TAKING THESIS CREDITS: _____ LAST SEMESTER TAKING THESIS CREDITS: _____

Pending or Approved IRB or IACUC approval form attached NR

After meeting with your thesis committee members, complete this form and submit with your thesis prospectus to graduate@nmu.edu. It will then be uploaded to Right Signature for electronic signatures.

NAME OF THESIS CHAIR

SIGNATURE OF THESIS CHAIR

NAME OF THESIS READER #1

SIGNATURE OF THESIS READER #1

NAME OF THESIS READER #2

SIGNATURE OF THESIS READER #2

NAME OF GRAD PROGRAM DIRECTOR

SIGNATURE OF GRAD PROGRAM DIRECTOR

NAME OF DEPT HEAD

SIGNATURE OF DEPT HEAD

NAME OF COLLEGE DEAN

SIGNATURE OF COLLEGE DEAN

DR. LISA ECKERT

NAME OF GRADUATE DEAN

SIGNATURE OF GRADUATE DEAN

OPTION TO REGISTER FOR THESIS CREDITS:

SEMESTER: _____ COURSE #: _____ CREDITS: _____ ONLINE
 ON CAMPUS

FOR REGISTRAR'S OFFICE USE ONLY:

COURSE CREATED

SEQUENCE NUMBER

STUDENT ENROLLED