

**CHILD DEVELOPMENT M.S. PROGRAM
APPROVAL of THESIS PROSPECTUS (FORM C)**

Return this completed form to the HDGG Graduate Program Coordinator.

Name: _____

Current Date: _____

ID: _____

Year Entered: _____

Topic of Thesis:

Approved: _____ **Date:** _____
Chair of Thesis Committee

Approved: _____ **Date:** _____
Thesis Committee Member

Approved: _____ **Date:** _____
Thesis Committee Member

Approved: _____ **Date:** _____
(Optional 4th Thesis Committee Member)