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|  | ▶**Approval of Thesis Research Proposal**  Student Name: Student ID:  Student AUC email address:  Program:  Thesis Title: |

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|  | **We hereby approve the thesis research proposal for the above student, entitled <Thesis Title>**  Graduate Program Director Signature:  Approval of other Program Faculty Members (if any):  Name: Signature:  Name: Signature:  Name: Signature: |