Geography Department, USC

Thesis Proposal Form

TO: Director of Graduate Studies

FROM: _____

RE: _____ _____
Student Name Student Number

DATE: _____

The above named student successfully defended a thesis proposal . The defense occurred on _____.
Date

The title of the thesis proposal is _____

_____

_____

The examining committee consisted of the following faculty whose signatures appear below.

	Signature	Print
1)	_____	_____
2)	_____	_____
3)	_____	_____ Chair