

Master of Humanities/Master of Social Science Program

Campus Box 127, P.O. Box 173364 Denver, Colorado 80217-3364 Phone: 303-315-3565, Fax: 303-315-3569

Master of Humanities/Master of Social Science Program

Thesis or Project Proposal Approval

Student Name

Date

To the Student:

Please attach a copy of your proposal to this form, signed by three faculty members who have agreed to serve as your Thesis or Project Review Committee, and by the Program Director or Asst. Director, and submit to the MH / MSS Program Office.

To Faculty Committee Members:

Your signature below indicates that you have read and approved the proposal presented by this student. This student can now go on to the next stage of work.

Faculty Committee Members:

Chair:	Name	Signature		Date
	Namo	Cignataro		Dato
Member:				
	Name	Signature		Date
Member:				
	Name	Signature		Date
Program I	Director (or Assoc. P	rogram Director)		
. regiani				
	Signature		Date	