



University of Colorado  
Denver

College of Liberal  
Arts and Sciences

**Master of Humanities/Master of  
Social Science Program**

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## **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 to serve as your Thesis or Project Review Committee, and by the Program Director. Please submit the to MHMSS Program office once complete.

### **To the 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:**

Committee Chair

Signature:

Date:

Faculty:

Signature:

Date:

Faculty:

Signature:

Date:

### **Program Director**

Signature:

Date: