MA THESIS/RESEARCH PROPOSAL APPROVAL FORM

Department of Sociology and Anthropology, Carleton University

DATE: _____ **Program:** _____

Student: _____ **Student #:**_____

Title of Thesis: _____

_____

_____

The MA Thesis/Research proposal requirement has been satisfied.

Members of Examining Committee:

Supervisor: _____ _____
(Print) (Signature)

Members: _____ _____
(Print) (Signature)

_____ _____
(Print) (Signature)

Graduate Coordinator:_____ _____
(Print) (Signature)

Instructions to the candidate:

NB *: The completed and approved final version of the MA thesis proposal must be submitted to the Soc-Anth Graduate Administrator within TWO WEEKS of the approved proposal defence.*