

STATE UNIVERSITY OF NEW YORK
NEW PALTZ
Thesis Proposal Approval Form

Student's Name _____ Date _____

Program (check one): M.A. Psychology (208) M.S. Mental Health Counseling (290)

Title of Thesis: _____

Thesis Committee Members (neatly print names):

Adviser: _____

Reader: _____

Reader: _____

- By signing this form, the Thesis Committee attests that it has approved the thesis proposal of the student listed above.
- By signing this form, the Thesis Committee also attests that it has approved a tentative schedule for the student's completion of the thesis. The student is expected to keep to this schedule and notify the committee if there is to be substantial divergence from this schedule.
- The student must submit this form, a copy of the approved thesis proposal, and a copy of the schedule for completing this thesis to the Graduate Psychology Office.

Thesis Committee Signatures:

Date/Signature - Thesis Adviser

Date/Signature - Thesis Reader

Date/Signature - Thesis Reader