Towson University
WOMEN'S AND GENDER STUDIES DEPARTMENT

THESIS COMMITTEE APPROVAL FORM

Student Name: _____

Thesis Committee Chair: _____
Signature Typed Name

Member: _____
Signature Typed Name

Member: _____
Signature Typed Name

Approvals:

Graduate Program Director: _____ _____
Signature Date

Department Chairperson: _____ _____
Signature Date

Dean, College of Graduate Studies & Research _____ _____
Signature Date

Note: The student shall obtain all signatures *before beginning the proposal.*