

University of Wisconsin-Milwaukee
Department of History

Thesis Proposal Approval Form

Please attach a copy of the approved thesis proposal and return this form to the Director of Graduate Studies.

Name of Student _____

Date of Thesis Proposal Hearing _____

Tentative Title of Thesis:

The thesis committee approves this proposal and authorizes the student to proceed.

Major Professor (print name) Signature Date

Committee Member (print name) Signature Date

Committee Member (print name) Signature Date

Student signature Date