



UNIVERSITY *of* ST. THOMAS

Graduate Programs in Music Education

THESIS PROPOSAL APPROVAL FORM

Name of Student: _____

(Please print)

Signature: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Successful Oral Comprehensive Examination: _____

Date of Acceptance to the University of St. Thomas Master of Arts in Music Education
Degree Program: _____

Anticipated Date for Thesis Completion: _____

Working Title of Thesis: _____

Thesis Supervisor and Committee

I have read the final draft of this thesis proposal (Chapters 1 through 3) and recommend it for approval.

Thesis Supervisor: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____