

# Appendix D Approval of Thesis Proposal

Department of Human Development and Family Science University of Georgia

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_

Proposal Meeting Date: \_\_\_\_\_

### Advisory Committee Approval

The proposed thesis project has been approved by the advisory committee. Any changes must be approved by the advisory committee.

**Major Professor (Name and Signature):**

**Date**

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**Committee Member (Name and Signature):**

**Date**


*Please submit this form to HDFS Graduate Program Assistant after approval by advisory committee.*