



Department of  
Child Development

## *Thesis Proposal Acceptance Form*

**Student Name:** \_\_\_\_\_ **Coyote ID:** \_\_\_\_\_

Has submitted a thesis proposal entitled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*As committee members of this graduate student's thesis, we hereby accept this proposal as a contract toward the completion of the Master's Degree in Child Development.*

Date of Acceptance: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

**Thesis Committee:**

\_\_\_\_\_  
Name (Chair):

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature: