

Environmental Pollution Control Thesis Proposal Approval Form

Student's Name: _____

Academic Adviser: _____

Committee Members: _____

Thesis Title: _____

Proposed Completion Date: _____

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Signatures:

Date:

Student: _____

Adviser: _____

(This signature indicates that the adviser is satisfied with the proposal.)

Committee Member: _____

Committee Member: _____

Committee Member: _____

EPC Chair: _____

(This signature indicates that the EPC Chair is satisfied that the proposal describes a thesis of sufficient quality and magnitude to meet degree requirements.)