



**UNCG**  
Graduate School

**THESIS TOPIC APPROVAL**

School/Department \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

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

Purpose of the Study:

Committee Approval: Chair: \_\_\_\_\_

Members: \_\_\_\_\_  
\_\_\_\_\_

Department Chair or  
Director of Graduate Study: \_\_\_\_\_ Date: \_\_\_\_\_

Dean, School of Education: \_\_\_\_\_ Date: \_\_\_\_\_  
(required for education majors)