



UMass | Dartmouth

Master of Arts in Professional Writing & Communication

Thesis Proposal Approval Form

Your Name _____

Title of Proposal _____

Proposal Approved by

Thesis Advisor _____

Signature _____ Date _____

Thesis Committee Member _____

Signature _____ Date _____

Thesis Committee Member _____

Signature _____ Date _____

Proposal Submitted to

Graduate Program Director _____

Signature _____ Date _____

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