



**Master of Science in Criminal Justice Program
Grand Valley State University**

THESIS PROPOSAL APPROVAL FORM

This acknowledges that the below student has submitted an acceptable Thesis Proposal entitled:

Student Name _____

Date _____

Student Signature _____

Faculty Member Name (Chair) _____

Date _____

Faculty Member Signature _____

Faculty Member Name _____

Date _____

Faculty Member Signature _____

Faculty Member Name _____

Date _____

Faculty Member Signature _____

Graduate Program Director Name _____

Date _____

Graduate Program Director Signature _____

** Note – This signed form will be placed in the student's file.*