**M.A. in AGING STUDIES THESIS PROPOSAL APPROVAL FORM**

The thesis proposal entitled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submitted by (name of student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 has been reviewed prior to data collection by the thesis committee and is approved for data collection and final completion.

**Thesis Committee and Student Signatures:**

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Thesis Adviser Date

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Thesis Committee Member Date

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Thesis Committee Member Date

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Student Date