



University of Colorado at Denver and Health Sciences Center

Graduate Interdisciplinary Studies
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Thesis or Project Proposal Approval

UNIVERSITY OF COLORADO AT DENVER AND HEALTH SCIENCES CENTER Master of Humanities / Master of Social Science Programs

Student Name _____ Date _____

To the Student:

Please attach a copy of your proposal to this form, signed by three faculty members who have agreed to serve as your Thesis or Project Review Committee, and by the Program Director or Asst. Director, and submit to the MH / MSS Program Office.

To Faculty Committee Members:

Your signature below indicates that you have read and approved the proposal presented by this student. This student can now go on to the next stage of work.

Faculty Committee Members:

Chair: _____
Name Signature Date

Member: _____
Name Signature Date

Member: _____
Name Signature Date

Program Director (or Asst. Program Director)

Signature Date