



Department of Geography and Geoinformation Science  
College of Science

4400 University Drive, MS 6C3, Fairfax, Virginia 22030  
Phone: 703-993-1210, Fax: 703-993-9299

**MASTERS THESIS PROPOSAL DEFENSE FORM**

**MS-ESS**

**MS-GECA**

**MS-GEOINT**

**Date:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **G#** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **GMU E-mail:** \_\_\_\_\_

Are you registered this semester?: \_\_\_\_\_ If not, last semester registered: \_\_\_\_\_

**Proposed Thesis Title:**

The undersigned committee has reviewed the attached proposal, and agrees that the student above has prepared an acceptable plan for conducting Master's Thesis research. We approve that plan and will support the ongoing Thesis preparation process. Register for 3 credits of 799 using the individualized Section Form.

**Thesis Committee**

\_\_\_\_\_  
MEMBER & AFFILIATION

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
MEMBER & AFFILIATION

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
COMMITTEE CHAIR & AFFILIATION

\_\_\_\_\_  
(SIGNATURE)

**Scheduled or Tentative Thesis Defense Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)

Attach this form to the front of a copy of the accepted thesis proposal and submit it to the GGS Department Office for final approval and processing to COS.

**Degree Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)

**GGS Grad Coord/Dept Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)

**Dean, COS:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)