



Department of Geography and Geoinformation Science
College of Science

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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)