COMMUNICATION AND DISORDERS

Master's Thesis Prospectus Approval

Student name: ___________________ People Soft # ______________ Pitt email Address: ___________________

Proposed Master’s Thesis Title:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Committee Members

**Thesis Advisor:** (printed name and signature)  Date:  Dept/Affiliation:  SHRS Grad Faculty? (Y/N)

**Member:** (printed name and signature)  Date:  Dept/Affiliation:  SHRS Grad Faculty? (Y/N)

**Member:** (printed name and signature)  Date:  Dept/Affiliation:  SHRS Grad Faculty? (Y/N)

**Member:** (printed name and signature)  Date:  Dept/Affiliation:  SHRS Grad Faculty? (Y/N)

The thesis committee listed above is approved and the student may proceed to prepare and defend the Dissertation Proposal.

CSD Department Chair

Submit this completed form to: SHRS Administrator of Student Services, 4022 Forbes Tower, with copies returned by the Thesis Advisor, and the student.

August 2017