



TEXAS SOUTHERN UNIVERSITY
3100 CLEBURNE AVENUE - HOUSTON, TEXAS 77004 - 713-313-4410

REQUEST FOR APPROVAL OF THESIS/DISSERTATION COMMITTEE, TITLE AND ABSTRACT

The Graduate School

FROM: _____ Date: _____
 Department Head (Signature)

TO: Dean of the Graduate School

The following persons are recommended for appointment to the Thesis/Dissertation Committee for _____ who is a candidate for the Master's/Doctorate Degree.

List of persons recommended:

<u>Name</u>	(Advisor)	<u>Department</u>
_____		_____
_____		_____
_____		_____

Title of Thesis/Dissertation: _____

Abstract of Proposed Thesis/Dissertation Study

On attached sheets present concise statements covering the following:

1. Title
2. **List** Objectives
3. **Review** status of the question (summary, discussion and citations)
4. **Methodology** (analyzing data needed to accomplish your objectives.)
5. **Brief description of procedural steps.**

APPROVAL RECOMMENDED: Signatures

_____ Chairman of Student's Committee _____ Member of Committee _____ Member of Committee _____ Member of Committee _____ Member of Committee _____ Head of Major Department (Date) _____ Dean, College/School (Date) _____ Dean, Graduate School (Date)	_____ Chairman, Animal Care and Use Committee _____ Chairman, Human Subjects Committee _____ Student's Signature _____ Student's Name (Print/Type) _____ Student's Mailing Address _____ City/State/Zip Code _____ T-# (Student ID) _____ Telephone Number
---	---