



The University of
Montana

Department of Economics
The University of Montana
Missoula, Montana 59812-5472
Phone: (406) 243-2925

Master's Thesis Proposal Defense Form

DATE:

STUDENT NAME:

UM ID #:

TELEPHONE:

EMAIL:

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.

Thesis Committee

MEMBER & AFFILIATION

SIGNATURE

MEMBER & AFFILIATION

SIGNATURE

MEMBER & AFFILIATION

SIGNATURE

COMMITTEE CHAIR & AFFILIATION

SIGNATURE

Scheduled or Tentative Thesis Defense Date:

Student: _____
(signature)

Date:

Graduate Advisor: _____
(signature)

Date:

Department Chair: _____
(signature)

Date:

ATTACH THIS FORM TO THE FRONT OF A COPY OF THE ACCEPTED THESIS PROPOSAL AND SUBMIT TO THE ECONOMICS DEPARTMENT OFFICE.