

**M.A. Thesis Research Plan Approval Form
Center for Law, Justice & Culture**

STUDENT'S NAME: _____

PLEASE INDICATE: ON CAMPUS (MA4416) ECAMPUS (MA4417)

SEMESTER OF ENTRY IN MA PROGRAM: _____

SEMESTER OF COMPLETION (ANTICIPATED) IN MA PROGRAM: _____

PROJECT TITLE: _____

FACULTY THESIS COMMITTEE MEETING DATE: _____

FACULTY THESIS ADVISOR'S ENDORSEMENT: The CLJC Thesis Committee has approved the student's MA Thesis Research Plan, and I am working with the student to address any modifications or revisions to the MA Thesis Research Plan.

Faculty Thesis Advisor Name: _____

Faculty Thesis Advisor Signature/Date:

Faculty Thesis Committee Member Name: _____

Faculty Thesis Committee Member Signature/Date:

Faculty Thesis Committee Member Name: _____

Faculty Thesis Committee Member Signature/Date:

The student must submit an electronic version of this form, along with the MA Thesis Research Plan including the timeline, to the CLJC Graduate Director within one week of the Thesis Committee Meeting. In the event that the Faculty Thesis Committee requests substantial revisions on the Research Plan, the student must submit a revised MA Thesis Research Plan Approval Form to the CLJC Graduate Director in a timely manner.