

UNIVERSITY OF ARKANSAS

HESC-MS THESIS PROPOSAL FORM

Student Name Student ID Student UARK Email Date

AREA CONCENTRATION: AMPD HDFS HOSP NUTR

THESIS TITLE:

[Empty box for Thesis Title]

CHANGES:

[Empty box for Changes]

By signing below, the Master’s Thesis Committee members have read and critically reviewed the thesis proposal of this student. Discussion with the student of the proposal has taken place and required revisions or suggestions for improvement noted.

Selecting “approved” indicates that the proposed research appears to be an original, independent study that addresses a significant problem. Sufficient detail of the design and methods is provided to evaluate the rigor and feasibility of the research. It appears the proposed research is workable with the resources available and with it the student is likely to succeed.

Selecting “revisions needed” indicates that comments have been provided to the student (and summarized on this form) outlining edits needed to approve the proposal. If “revisions needed” is selected, an updated form will need to be submitted after the revised proposal is approved.

Table with 5 columns: Name, Signature, Date, Approved, Revisions Needed. Rows for Committee CHAIR Name and two Committee Member Name.