Armstrong Atlantic State University
School of Graduate Studies

Thesis Prospectus

Name: _____ Student ID# _____
Last First M.I.

Telephone number(s): _____ _____
Home/Cell Work

_____
Degree Program Major/Concentration/Track College

Proposed Thesis Title: _____

_____

_____

_____

Objective (brief narrative):

Approved:

_____	_____
Thesis Committee Chair/Major Professor	Graduate Program Coordinator
_____	_____
Committee Member	Committee Member
_____	_____
Committee Member	Committee Member
_____	_____
College Dean	Associate Vice President (OIC Graduate School)

FORM Revised 2/09