

**ELIOT PEARSON DEPARTMENT OF CHILD STUDY
and HUMAN DEVELOPMENT**

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MASTER'S THESIS PROPOSAL FORM

Date: _____

Student Name: _____ Tufts ID #: _____

Program Advisor: _____ Thesis Advisor: _____

We have met and reviewed the thesis proposal including the documents specified in the Graduate Student Handbook. The following concerns were addressed:

We recommend that the Director of Graduate Studies:

_____ Approve

_____ Not approve until the following modifications are met:

_____ Deferred until _____ pending documentation of _____

Thesis Advisor: _____ Date _____

Thesis Advisor 2: _____ Date _____

Thesis Committee Member

Outside Expert: _____ Date _____

Student: _____ Date _____

I hereby give my permission to have other Master students review these materials.

Student Signature: _____

Please submit to the Director of Graduate Studies, who will sign and forward to Justina Clayton, Administrative Coordinator.

Director of Graduate Studies: _____ Date: _____