

Department of Geological Sciences, UMD

M.S. Degree, Thesis Proposal Defense

Student: _____

Date: _____

Thesis Proposal Title:

Committee

Advisor: _____
Print Name Signature

Advisor: _____
Print Name Signature

Dept. member: _____
Print Name Signature

Dept. member: _____
Print Name Signature

External member: _____
Print Name Signature

Pass _____ Fail _____ Conditional* _____

Conditional* (please describe in detail below or as attachment)