Nicholls State University
Graduate Studies

Approval of Thesis Proposal

Student Information

Name: _____ N#: N _____ Date: _____

College: _____ Degree: _____

Thesis Title: _____

Committee Approval

Chair: _____ Signature: _____

Member: _____ Signature: _____

Member: _____ Signature: _____

Member: _____ Signature: _____

Member: _____ Signature: _____

Member: _____ Signature: _____

Approvals

_____ _____
Graduate Program Coordinator Date

_____ _____
Dean of the College Date

_____ _____
Director of University Graduate Studies Date

University Graduate Studies
155 Shaver Gymnasium
Nicholls State University
P.O. Box 2071 | Thibodaux, LA 70310
985.448.4438 | graduate.studies@nicholls.edu

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