



Tufts
UNIVERSITY

ELIOT PEARSON DEPARTMENT OF CHILD DEVELOPMENT
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MASTER'S THESIS PROPOSAL FORM

Date: _____

Student Name: _____

Tufts ID #: _____

Advisor: _____ (Program)

Advisor: _____ (Thesis)

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 modifications are met:

_____ deferred until _____ pending documentation of _____

_____ Date _____
(Thesis Advisor)

_____ Date _____
(Thesis Advisor 2)

_____ Date _____
(Thesis Committee Member - Outside "Expert")

_____ Date _____
(Student)

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, Graduate Admissions Coordinator, for your files.

Director of Graduate Studies: _____ Date: _____