FORM 6

THESIS PROPOSAL APPROVAL

DEPARTMENT OF LABOR STUDIES AND EMPLOYMENT RELATIONS

Name of Thesis Candidate ______________________________________________________

Date _______________________________________________________________________

Title of Thesis: _______________________________________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Having read the thesis proposal and examined the candidate, the committee of the above named candidate has __________ (passed / failed) the thesis proposal. The vote is as follows:

Passed

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

Failed

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____________________________________________________________________________

Each faculty member must sign either pass or fail. More than one "fail" vote results in failure of the proposal. Failure of the proposal will require the scheduling of a second thesis proposal defense. A copy of this form must be completed and attached to a copy of the thesis and placed in the student's file as soon as possible following the thesis defense.

cc: Graduate Officer
Student's file