



**University of Mississippi Medical Center
John D. Bower School of Population Health
Thesis Proposal Approval Form**

Student Full Name: _____ Student ID#: _____

Pursuing Degree: **Master of Science in** _____

The committee has read the thesis proposal of this student and has accepted it as the guide by which the thesis research will be conducted.

Thesis Title: _____

By signing this form, we accept this proposal:

Chairperson, Advisory Committee

Committee Members

Program Director: _____ Date: _____