The Graduate School Southern University And A&M College Baton Rouge, Louisiana

REGISTRATION/APPROVAL OF THESIS PROPOSAL

| NAME: | | | | |
|---|---|---|--|--|
| (Last) | | (First) | (Middle) | (Maiden) |
| SOCIAL SECURITY NUMB | ER: | | | - |
| FIELD OF STUDY: | | | DEGREE: | |
| | (Major) | | | (M.A., M.Ed., M.S., etc.) |
| EXPECTED DATE OF GRA | DUATION: _ | | | |
| TITLE OF THESIS: | | (Semester/Term) |) | Year |
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