



Northeastern

U N I V E R S I T Y

Graduate School of Criminal Justice

Master's Thesis Committee Approval Form

Name: _____

Student ID Number: _____

Current Address: _____

Street

City

State

Zip Code

Telephone: _____

Day

Evening

Email Address: _____

* On an attached sheet, briefly outline the following:

- I. Thesis Topic
- II. Description of the Project
- III. Methodology for Completion of the Project

The faculty listed below have agreed to serve on a Thesis Committee, and have approved of the thesis topic as stated above:

_____	_____	_____
Chairperson (Print Name)	Signature	Date

_____	_____	_____
Committee Member (Print Name)	Signature	Date

_____	_____	_____
Committee Member (Print Name)	Signature	Date

Graduate Director's Approval:

Graduate Director's Signature

Date