

EAST CAROLINA UNIVERSITY
The Graduate School
College of Allied Health Sciences
Department of Nutrition Science
REPORT OF THESIS PROPOSAL

Student name: _____ Banner ID: _____ e-mail: _____

Title of Thesis Proposal: _____ Date: _____

Student Signature Date

Thesis Proposal Decision:

Approved as is or with the following minor revisions:

Approved pending Thesis Committee review and approval of the following revisions: _____

Not Approved

Comments and Recommendations: _____

(Signature) Chairperson of Committee Date

(Signature) Committee Member Date

(Signature) Committee Member Date

(Signature) Committee Member Date

(Signature) MS in Nutrition Program Director Date
cc: [Advisor, MS in Nutrition Program Director](#)