

**Department of Occupational Therapy
East Carolina University**

Approval of Thesis Proposal

Thesis Proposal Title:

Committee Meeting: _____ **First** _____ **Second**

Date:

Action:

_____ Approved

_____ Not Approved

_____ Approved with recommendations

Summary of the Recommendations of the Committee:

SIGNATURES:

Thesis Director:

Committee Members:

Student:

Copies: Chair, Thesis Director, Student's File, Student

Revised: February 27, 2004