



**UNIVERSITY OF  
GEORGIA**

**Franklin College of  
Arts and Sciences**

*Department of Sociology*

**M.A. Thesis Proposal Approval**

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Name

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Date of Formal Hearing

**Approval Signatures**

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Major Professor

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Signature

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Advisory Committee Member

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Signature

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Advisory Committee Member

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Signature

When complete, return this form to the Graduate Coordinator's Assistant