



CALIFORNIA STATE UNIVERSITY
LONG BEACH

Master of Science in Nutritional Science

Thesis/Directed Project Proposal Approval Form

Student Name:

Faculty Chair:

**Thesis/Project
Title and
Committee
Members:**

Oral Defense of Thesis /DP:

Yes

Defense Date:

No

Approved as written

Approved with minor modification that can be reviewed by the chair. The corrected written proposal will be submitted to the thesis/project chair for review and approval.

Notes:

Requires major modifications that must be reviewed by the entire committee.

Notes:

Not approved

Committee Chair Signature: _____

Date: _____