

**VIRGINIA TECH DEPARTMENT OF GEOGRAPHY
GRADUATE STUDENT RESEARCH PROPOSAL APPROVAL FORM**

Student Name: _____

Expected Graduation Date: _____

Proposal Title: _____

We have read and approved this research proposal. The student is authorized to complete this research as part of his or her Master of Science program in the Department of Geography at Virginia Tech.

Advisor Date

Co-Advisor Date

Committee Member Date

Committee Member Date

Committee Member Date

Student Date

Deadline: First day of classes in your third semester