

**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

**Submit to Karen Bland by the first day of class of your third semester.  
(First day of class in August for most students)**