LAU
Adnan Kassar
School of Business

MSHRM - Thesis Proposal Form

Student Name: _____

Student I.D. #: _____

Program/Department: _____

Date: _____

The committee members and Thesis advisor have read and approved the proposal entitled:

_____

_____

In the presence of the thesis advisor and committee members:

Advisor: _____
(name and signature)

Committee Member: _____
(name and signature)

Committee Member: _____
(name and signature)

Comments/Remarks/Conditions to Proposal Approval:

_____

_____

_____

Acknowledged by Director of MSHRM, Adnan Kassar School of Business: Signature: _____

NB: A Thesis proposal to be attached

Cc: Thesis Advisor, Director of MSHRM, and Student