

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

Student Name: _____ Date: _____

Expected Completion Date: _____

We, the undersigned have read and approved the attached research proposal from the above student. He/She is authorized to complete this research as part of his/her Master of Science program in the Department of Geography at Virginia Tech.

Advisor

Committee Member

Committee Member

Student signature _____ Date: _____