

**BAHIR DAR UNIVERSITY
BAHIR DAR INSTITUTE OF TECHNOLOGY
SCHOOL OF GRADUATE STUDIES
[FACULTY]**

THESIS PROPOSAL APPROVAL SHEET

Student:

Name	Signature	Date
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The following graduate faculty members certify that this student has successfully presented the necessary written thesis proposal and oral presentation of this proposal for partial fulfillment of the thesis-option requirements for the Degree of Master of Science in **[Specialization]**.

Approved:

Advisor:

Name	Signature	Date
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Chair Holder:

Name	Signature	Date
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Faculty Dean:

Name	Signature	Date
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Faculty Stamp