

Thesis Committee Announcement

Name of Student _____
Last First

Banner ID _____ E-mail _____

Department _____ Degree _____ Major _____

Please indicate the semester(s) and number of hours for which you wish to be enrolled for thesis credit. Generally 3 hours in 1 semester and 3 hours in 2nd semester.

Fall 20 _____ Spring 20 _____ Summer 20 _____

Proposed Thesis Topic:

Will the research involve human or animal subjects? Yes No
(If yes, you must apply for Institutional Review Board approval.)

Date Committee Appointed _____ Anticipated Date of Completion _____

Listed below are the names of the thesis committee members and the signature of the chair.

Committee Members

Signature

Chair _____

Department Graduate Advisor _____ Date _____

Approval of Office of _____ Date _____
Graduate Programs

For Office Use Only

Fall / Spring / Summer of 20 _____; 3 / 6 Course _____

Fall / Spring / Summer of 20 _____; 3 / 6 Course _____

Fees Paid: _____ Cont. _____