

## Graduate Thesis & Committee Application

**STUDENT INFORMATION:**

Student ID: @ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street
City
State
Zip Code

**THESIS INFORMATION:**

Term: (Check One):  Fall 20\_\_  Wintersession 20\_\_  Spring 20\_\_  Summer 20\_\_ Session \_\_\_\_

Course: \_\_\_\_\_ Number of Credits:  3  6  
Course Subject                      Course Number

Title of Proposed Thesis\*: \_\_\_\_\_

\*Please attach a description of the proposed thesis to this application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** A thesis prospectus should be completed and submitted to your adviser as soon as possible. The application needs to be submitted to the School of Graduate Studies and Research at least one week prior to the beginning of the semester or session.

\_\_\_\_\_  
**Thesis Instructor: (Please Print)**

**SIGNATURES OF THESIS COMMITTEE MEMBERS:**

\_\_\_\_\_  
 Chair of the Thesis Committee (Printed name and signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
 Member of the Thesis Committee (Printed name and signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
 Member of the Thesis Committee (Printed name and signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
 Member of the Thesis Committee (Printed name and signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
 Member of the Thesis Committee (Printed name and signature) \_\_\_\_\_  
Date

**SIGNATURES OF APPROVAL:**

\_\_\_\_\_  
 Program Head \_\_\_\_\_  
Date

\_\_\_\_\_  
 Department Chairperson \_\_\_\_\_  
Date

\_\_\_\_\_  
 Graduate Dean \_\_\_\_\_  
Date