Thesis Proposal Re-Examination Registration Form
Please Return This Form to The Graduate School Office (Annenberg 5-206). Att: Chrissie Kong

Student ________________________________
Preceptor ________________________________ Training Area ________________________________
Thesis Proposal Date & Time ________________________________ Location ________________________________
Date of Previous Thesis Proposal: ________________________________

PROPOSAL TITLE: ________________________________________________________________

COMMITTEE MEMBERS Please follow the instructions in the Graduate School Student Handbook.

1. Chairperson ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________

Should there be an outside person, please provide the address below.

This form MUST be returned to the Graduate School Office AT LEAST FOUR WEEKS PRIOR to the Thesis Proposal. We reserve the right to reschedule an Exam if not given proper notification.

Student’s Signature ________________________________ Date ________________________________

Preceptor’s Signature ________________________________ Date ________________________________

M.A. Director’s Signature ________________________________ Date ________________________________

Grad School use only:
Annnc: [ ] Vote: [ ]

Rev. 4/14