Thesis Proposal Registration Form

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

Box 1257
Please type

DETAILED INSTRUCTIONS FOR THE THESIS PROPOSAL CAN BE FOUND IN THE GRADUATE SCHOOL STUDENT HANDBOOK

Student ____________________________________________

Dissertation Advisor ___________________ Training Area ___________________

Thesis Proposal Date & Time ___________________ Location ___________________

PROPOSAL TITLE: ____________________________________________

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

1. Chairperson ________________

2. ________________________

3. ________________________

4. ________________________

5. ________________________

6. ________________________

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

[We certify that no member of the Defense Committee has been a collaborator on the student’s project].

Student’s Signature ___________________ Date ________________

Dissertation Advisor’s Signature ___________________ Date ________________

MTA Director’s Signature ___________________ Date ________________

Grad School use only:

Annc: ☐ Vote: ☐