Thesis Proposal Re-Examination 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 ________________________________________________________________

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:

Ann: [ ] Vote: [ ]

Rev. 8/09