

INTENT TO WRITE A THESIS

This form **must** be completed and on file in the Dean's Office prior to enrollment in thesis hours.

Resubmit only if there is a change in the title or committee members.

Name of Student: _____ Banner ID: _____

Graduate Program: _____ Concentration (If applicable): _____

Date of Comprehensive Exam: _____ Expected Graduation Date: _____

Preliminary Thesis Title:

Brief abstract (100 word maximum):

The following approval signatures are required in sequence:

Thesis Chair: _____ Date: _____
Name Signature

Thesis Committee Member: _____ Date: _____
Name Signature

Thesis Committee Member: _____ Date: _____
Name Signature

Graduate Studies Committee Chair: _____ Date: _____
Name Signature

Graduate Advisor of Record: _____ Date: _____
Name Signature

Associate Dean: _____ Date: _____
Name Signature