

REQUEST FOR APPROVAL OF THESIS ADVISOR

Student: _____ is working on
his/her thesis research _____ on a trial project _____
with me during the _____ semester.

Advisor: Name : _____ Signature : _____

Research/Thesis Topic:

Approved by: _____
Director of Graduate Studies

Date:

REQUEST FOR APPROVAL OF THESIS COMMITTEE

Student: _____

Thesis Advisor: _____ Signature: _____

Thesis Topic: _____

Thesis Committee:

1. _____

2. _____

3. _____

4. _____

5. _____

Approved: _____ Date: _____
Director of Graduate Studies