

STUDENT INFORMATION

Instructions: Complete and submit this form to the Graduate School office prior to the start of any research and the proposal. Please include the curriculum vitae(s) of outside members of your committee who are not Graduate School approved faculty.

CANDIDATE NAME:

Last _____ First _____ Middle _____

ANTICIPATED DEGREE: MA MS PHD

DEPARTMENT/PROGRAM: _____ **DATE:** _____

COMMITTEE MEMBERS (includes Research Advisor)

Printed Member's Name	Member's Signature	Department/Institution

APPROVAL SIGNATURES

	Printed Name	Signature	Date
Dissertation/ Thesis Advisor			
Program Director			
Dean of the Graduate School			