

MA

ART 599 THESIS OR PROJECT (1-6 units)

QTR/YR _____

Please check one below:

Thesis _____ **Exhibition** _____ **UNITS** _____

NAME: _____ **CIN:** _____

Type in only number; no spaces or dash

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **Area of Research:** _____

Type in only number; no parenthesis, space, or dash in between

ELIGIBILITY *the following must be on file in the Art Office:*

- **Classified Graduate Standing**
- **Advancement to Candidacy (GS-10)**
- **Request for Thesis/Project Committee (GS-12)**

Signature of Advisor _____

Date