

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

GS-12  
(6/08)

REQUEST FOR THESIS OR PROJECT COMMITTEE AND TITLE

For: \_\_\_\_\_  
Last Name First CIN# Department

Title or topic area for the proposed thesis or project is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby approve the following faculty to serve as the Thesis/Project Committee for the above named student:

(\*PLEASE COMPLETE THIS FORM ON-LINE. TYPE IN NAMES AND DEGREES OF COMMITTEE MEMBERS. PRINT THE FORM. OBTAIN SIGNATURES. INCLUDE ABSRACT WITH THE FORM.)

\_\_\_\_\_  
Committee Chair \*NAME/DEGREE Signature

\_\_\_\_\_  
Faculty Member \*NAME/DEGREE Signature

\_\_\_\_\_  
Faculty Member \*NAME/DEGREE Signature  
(as required)

\_\_\_\_\_  
Faculty Member \*NAME/DEGREE Signature  
(as required)

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\_\_\_\_\_  
Department Chairperson Date

Committee membership is certified by:

\_\_\_\_\_  
Associate Dean Date