

M.S. Degree Thesis Committee and Graduate Research Prospectus
Department of Chemistry and Biochemistry
California State University, Los Angeles

Request for Review of Research Prospectus

Title of Research Project: _____

Student's Name: _____

Student's Signature: _____

Thesis Committee

Research Advisor: _____ **Signature:** _____

Committee Member: _____ **Signature:** _____

Committee Member: _____ **Signature:** _____

Committee Member: _____ **Signature:** _____

Status of Student's Research Prospectus

Approved: _____ **Date:** _____

Conditionally Approved: _____ **Date:** _____

Not Approved: _____ **Date:** _____

Chair, Thesis Committee: _____ **Signature:** _____

REQUEST FOR THESIS OR PROJECT COMMITTEE AND TITLE

For: _____
Last Name First SS# 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:

(*TYPE IN NAMES AND DEGREES OF COMMITTEE MEMBERS AND OBTAIN THEIR SIGNATURES)

Committee Chair *NAME/DEGREE Signature

Faculty Member *NAME/DEGREE Signature

Faculty Member *NAME/DEGREE Signature
(as required)

Faculty Member *NAME/DEGREE Signature
(as required)

Department Chairperson Date

Committee membership is certified by:

Associate Dean Date