

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

GS-12 (7/92)

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:

Committee Chair * Signature

Faculty Member * Signature

Faculty Member * Signature

Faculty Member * Signature
(as required)

Department Chairperson Date

Committee membership is certified by:

Associate Dean Date