Date: __________________________

CLASS #: ______________________  Section: ______________________  Units: 1  2  3  4

Quarter:  ☐ Fall    ☐ Winter    ☐ Spring    ☐ Summer  Year: ______________________

Last Name: ______________________  First Name: ______________________  CIN: ______________________

Address:  ______________________________________________________

City/State: ______________________________________________________  Zip Code: ______________________

Telephone:  (Home) ___________  Business: ___________  Email: ___________

Date of Advancement to Candidacy: _________________________________

Signatures of Proposed Thesis Committee (rank above instructor):

• Chairperson of Committee: _______________________________ Date: ________________

• Faculty: __________________________________________ Date: ________________

• Faculty: __________________________________________ Date: ________________

* Attach a one-page summary and bibliography of the proposed thesis.

Approved:

Department Chair  Date

Associate Dean  Date

Note: Upon approval of this document, the chairperson of the committee becomes the student’s advisor.