THESIS ADVISOR REQUEST FORM

You should select a Thesis Advisor (who must be a fulltime member of the Psychology Graduate faculty) prior to the first semester in which you register for Thesis (PSYC.7430). Complete this form, including both your signature and the signature of your Thesis Advisor, and return three (3) copies to the Graduate Coordinator.

(Please print or type)

Student's Name ___________________________ Date: ________________

Thesis Advisor's Name ___________________________

Thesis Topic (brief summary) ___________________________

____________________________________________________________________

____________________________________________________________________

I have discussed initial plans for my Thesis with the faculty member listed above, and that person has agreed to serve as my Thesis Advisor:

Student __________________________________________ (Signature) __________________________ (Date)

Thesis Advisor ______________________________________ (Signature) __________________________ (Date)

RETURN THREE COPIES TO GRADUATE COORDINATOR

Coordinator approval:

Graduate Coordinator __________________________________________ (Signature) __________________________ (Date)
THESIS COMMITTEE REQUEST FORM

In consultation with your Thesis Advisor, you must select two additional people to serve with your Advisor on your Thesis Committee: one must be a fulltime member of the Psychology Department, and the other may be anyone else that you and the first two members agree would be appropriate, provided the individual holds at least a Master's degree or its equivalent in a relevant field. Once you have selected your two additional members, complete this form, including both your signature and the signatures of all members of your Committee, and return three (3) copies to the Graduate Coordinator.

(Please print or type)

Student's Name_________________________ Date:____________________

Thesis Advisor's Name_________________________

Committee Members_________________________

_________________________________________________________________

I have discussed initial plans for my Thesis with the faculty members listed above, and each of them has agreed to serve on my Thesis Committee:

Student

(Signature) (Date)

Thesis Advisor

(Signature) (Date)

Committee Member

(Signature) (Date)

Committee Member

(Signature) (Date)

RETURN THREE COPIES TO GRADUATE COORDINATOR

Coordinator approval:

Graduate Coordinator

(Signature) (Date)
THESIS PROPOSAL APPROVAL FORM

A Thesis Proposal should be completed by the end of the first semester in which you have registered for Thesis (PSYC.7430), or as soon thereafter as possible. You must submit your Thesis Proposal to your Thesis Committee for approval. Once it has been approved, complete this form, including both your signature and the signature of your Thesis Advisor, and return three (3) copies to the Graduate Coordinator.

(Please print or type)

Student's Name_________________________ Date:____________________

Thesis Advisor's Name_________________________

Approved Thesis Topic (title or brief summary)_________________________________________

I have completed a written proposal for my Thesis, and this proposal has been approved by my Thesis Committee:

Student______________________________________________________________

(Signature) (Date)

Thesis Advisor________________________________________________________

(Signature) (Date)

RETURN THREE COPIES TO GRADUATE COORDINATOR

Coordinator approval:

Graduate Coordinator_______________________________________________

(Signature) (Date)
COMPLETED THESIS APPROVAL FORM

Once you have successfully defended your Thesis and obtained approval from your Thesis Committee for the final draft of your Thesis, complete this form, including both your signature and the signatures of all members of your Committee, and return three (3) copies to the Graduate Coordinator.

(Please print or type)

Student's Name: ______________________________ Date: __________________

Thesis Advisor's Name: ______________________________

Title of Thesis: ______________________________

Committee Members: ______________________________

I have defended my Thesis, and my Thesis Committee has approved and signed the final draft of my Thesis, a library-bound copy of which accompanies this form:

Student: ______________________________

(Signature) (Date)

Thesis Advisor: ______________________________

(Signature) (Date)

Committee Member: ______________________________

(Signature) (Date)

Committee Member: ______________________________

(Signature) (Date)

RETURN THREE COPIES TO GRADUATE COORDINATOR

Coordinator approval:

Graduate Coordinator: ______________________________

(Signature) (Date)