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 (47.743). 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 (47.743), 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) ____________________________
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)