

# College of Liberal Arts Graduate Thesis Request

Student: \_\_\_\_\_ Banner ID: A# \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester(s): \_\_\_\_\_ # Hrs. (3-6): \_\_\_\_\_

Field of Study: \_\_\_\_\_ Course #: \_\_\_\_\_ 539

Online Classification (Choose one): \_\_\_\_\_

## THESIS DIRECTOR INFORMATION:

Professor Name: \_\_\_\_\_ Professor Banner ID: A# \_\_\_\_\_

Office: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Office Hours: \_\_\_\_\_

## ATTACH A BIBLIOGRPAHY and/or THESIS PROPOSAL

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis Director: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

TO HAVE THIS COURSE CREATED, THIS COMPLETED FORM MUST BE FILED IN THE DEAN'S  
OFFICE OF THE COLLEGE OF LIBERAL ARTS BY THE LAST CLASS DAY OF THE  
SEMESTER PRIOR TO ENROLLING FOR THIS COURSE

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