

NOTICE OF TITLE, SCOPE, AND PROCEDURE OF Thesis (*Masters only*)

*This form must be completed by the student, approved as indicated, and returned to the Graduate School at least six months before the month in which the degree is expected to be conferred (August, December, or May).*

Major Department \_\_\_\_\_

Title of Thesis:

For the degree of \_\_\_\_\_ in (*anticipated degree month/year*) \_\_\_\_\_

Scope of Thesis:

Procedure:

Student Name

Signature

Date

***The title, scope, and procedure as stated above have my approval:***

***Name and Title (type):***

***Signature:***

***Date:***

\_\_\_\_\_  
Professor in Charge of Thesis

\_\_\_\_\_  
Member, Research Advisory Committee

\_\_\_\_\_  
Member, Research Advisory Committee

***I concur in this approval:***

\_\_\_\_\_  
Chair of Department or Program