

Thesis Declaration Form

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

STUDENT INFORMATION

Student Name: _____ Student ID Number: _____

E-Mail Address: _____ Phone/Extension: _____

TITLE/BRIEF DESCRIPTION OF THESIS TOPIC

COMMITTEE MEMBERSHIP

Student must select a committee chair plus at least two additional committee members.

Committee Chair Name: _____ Signature: _____

Committee Member Name: _____ Signature: _____

Committee Member Name: _____ Signature: _____

Committee Member Name: _____ Signature: _____

Expected Completion Date: _____

Graduate Advisor Signature: _____

Date Submitted: _____

FOR DEPARTMENT USE ONLY

Soc 600 Registration _____ Proposal Defense Date _____

Soc 601 Registration _____ Thesis Defense Date _____

COMMENTS

Submit form to graduate advisor.