

**COLLEGE OF LIBERAL AND FINE ARTS  
INTENT TO WRITE A THESIS**

This form **must** be completed and on file in the Dean's Office before enrollment in Master's Thesis, designed **as 6983 or 6986** in the Graduate Catalog for each program.

Name of Student:

ID#:

Graduate Program:

Concentration:

Date of Thesis Proposal Approval:

Expected Graduation Date:

Preliminary Thesis Title:

Brief abstract (100 word maximum):

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**The following approval signatures are required in sequence:**

Thesis Chair \_\_\_\_\_ Date \_\_\_\_\_

Thesis Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Thesis Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Thesis Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Graduate Studies Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Graduate Advisor of Record \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_