

REQUEST FOR APPOINTMENT OF THESIS DIRECTOR

DEPARTMENT OF PSYCHOLOGY

Date: _____

Student's name _____ Student ID _____

It is requested that I be nominated to direct the thesis of the above named student.

I agree to provide supervision for the abovenamed student and give him/her permission to begin registering in PSYC 699.

I understand that a thesis proposal approval form must be signed by all members of the thesis committee and filed with the department. Further, the student must secure IRB or IACUC approval prior to the collection of any thesis data.

Requested by:

Director Signature Date

Co-Director Signature Date

Request approved:

Director of Graduate Studies Signature Date

For Office Use: Permission entered
 Student notified