

Department of Communication Studies Request for Thesis

Name: _____ Date: _____
E #: _____ Phone: _____
Requested Director: _____ Email: _____
Thesis Title: _____
Committee*: _____

Description:

Signatures:

_____	_____
Student Signature	Date
_____	_____
Graduate Coordinator	Date
_____	_____
Department Chair	Date

Department Use Only

Director Assigned _____

CU Assignment _____

*Rationale required only for non-graduate faculty, faculty from outside the department, etc.