

**FORM 1 THESIS ADVISOR**

**Student Name:** \_\_\_\_\_

**Banner ID Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Possible Thesis Topic (s) :** \_\_\_\_\_

**Certification by Thesis Advisor: I have talked with the above named student and have agreed to serve as his/her major advisor for the completion of the thesis.**

\_\_\_\_\_  
**Signature of Thesis Advisor**

\_\_\_\_\_  
**Date**

**Approval of Program Director: I have approved** \_\_\_\_\_

**as thesis advisor for** \_\_\_\_\_.

**The student should be enrolled in the appropriate thesis course for the** \_\_\_\_\_  
**semester.**

\_\_\_\_\_  
**Signature of Program Director**

\_\_\_\_\_  
**Date**

**Date received in the Office of Graduate Studies:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Dean, School of Graduate Studies**

\_\_\_\_\_  
**Date**