Thesis Submission Information Form

Please print the following information as clearly as possible.

Date Submitted to Thesis Office:________________________________________

Name: _____________________________________________________________

Address: __________________________________________________________

City/State: ___________________________ Zip Code: ______________________

Phone (H): ___________________________ (W): ___________________________

Net ID: ___________ Horizon Email: _________________________________

Graduate Degree Program: ___________________________________________

Quarter You Plan to Graduate: _________________________________________

Number of Units Taken in Thesis Course (6910):________________________

Thesis Title (85 Letters/Spaces Maximum): ______________________________

_______________________________________________________________

Stylebook Guidelines Used (e.g. MLA, APA, etc.): _______________________

Thesis Committee (First and Last Name of Each Committee Member):

1. (Chair) __________________________________________________________

2. __________________________________________________________________

3. __________________________________________________________________

Date Institutional Review Board (IRB) Approval Obtained
(Mandatory if Research with Human Subjects is Involved): _________________

My signature confirms that the University Thesis I am submitting for format review is the final and committee approved
version of my University Theses: _________________________________________

(Student’s signature)

Bound theses are available for pick-up approximately six weeks after the end of the quarter. Your department will
notify you or your designated proxy at the phone number or email address listed below:

Proxy Name: _________________________________________________________

Phone: ___________________________ Email: _____________________________

For office use only: