

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: