

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 (Home): _____ (Cell): _____

Net ID: _____ Horizon Email: _____

Graduate Degree Program: _____

Semester You Plan to Graduate: _____

Thesis Course and Units: _____

Thesis Title : _____

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 Thesis I am submitting for format review and/or archiving is the final and committee approved version of my Thesis:

(Student's signature)

For office use only: