Thesis Proposal and Committee - Department Notification Form

To:	o: Graduate Studies Committee Member Director of Graduate Studies, DLLC			
From:				
Date:		_		
This fo	rm serves to notify the departr	ment that I have forn	nalized my MA thesis committee.	
Circle t	the appropriate response:			
	• GPA of 3.7 or higher	Yes	No	
	 Thesis Topic 	Yes	No	
	 Degree Program 	MA-LLC/MA-LLCP	MA-LLC/MA-LLCP/MA4+1	
		Spanish/French/German/Italian/Pedagogy		
	 Degree Program Type 	MA/MA 4+1		
	 Attached proposal 	Yes	No	
	 Submitted by deadline 	Yes	No	
Thesis	Director:			
	Name			
If applicable, co-director:			Dept:	
	Name			
Second reader:		Dept:		
	Name			
Title of	f Proposed Work:			
Studen	nt Signature:			
				
Date:				