

APPENDIX I

FORMS



JULY 2006



College of Graduate and Professional Studies
Box 6928
Radford, VA 24142

REQUEST FOR CONVENING OF THESIS ADVISORY COMMITTEE

I. REQUEST

A. I hereby request the following Thesis Advisory Committee to be established for

_____ (Print/Type Student's Name) _____ (Student's RU ID#)

(Student's Phone#: _____ Students E-Mail: _____)

who is enrolled in the _____ program.
(Title of degree program)

Thesis Advisor _____ (Print) _____ (Signature & Date)

Proposed Topic/Title _____

Semester(s) and year of registration (please specify number of hours for each term). Include course prefix and number (i.e., PSY 699, COMM 699) _____

Printed/Typed Names of Committee Members	Signatures	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. I concur with the appointment of the above Thesis Advisory Committee.

_____ (Printed/Typed Name of Student) _____ (Signature & Date)

II. APPROVALS [REQUIRED PRIOR TO ENROLLING FOR THESIS CREDITS]

Graduate Program Director/Department Chair Date

Graduate College Date



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THESIS PROPOSAL DEFENSE

NAME: _____ STUDENT ID: _____

ADDRESS: _____

_____ DATE: _____

TELEPHONE NO.: _____ E-MAIL: _____

I. Semester(s) and year of registration (please specify number of hours for each term). Include course prefix and number (i.e., PSY 699, COMM 699):

II. Title of Thesis.

III. Attach one typed copy of your thesis proposal. The proposal should include a clear statement of the topic, the rationale, method, and a list of references in a format appropriate to your discipline.

THE THESIS ADVISORY COMMITTEE MET ON _____ (date). WE APPROVE THE ATTACHED PROPOSAL AND AGREE THAT THE STUDENT MAY PROCEED WITH THIS PROJECT.

APPROVALS:

Thesis Advisor Printed/Typed Signature Date

Committee Member Printed/Typed Signature Date

Committee Member Printed/Typed Signature Date

Department/Program Chair Printed/Typed Signature Date

Original: Graduate Program Director or Department Chair
Copy: Thesis Advisor/Student/Committee Members/Graduate College



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REPORT OF FINAL COMPREHENSIVE EXAMINATION/THESIS DEFENSE

NAME: _____ *ID#* _____

MAJOR: _____

Chairperson of Student's Graduate Committee:

FROM: Dr. Mary Atwell, Interim Dean
College of Graduate and Professional Studies

_____ Report of Final Comprehensive Examination (Oral/Written)

_____ Report of Thesis Defense

The above named student has at least a "B" average in his/her major and in his/her overall program, and is scheduled to graduate at the close of the fall semester 2004. The final comprehensive examination/thesis defense can be scheduled at whatever time is convenient for all persons concerned. Approval is hereby granted for the student to proceed with this examination. **(Not valid without the approval of the College of Graduate and Professional Studies.)**

APPROVED: _____ *DATE:* _____
College of Graduate and Professional Studies

This is to certify that the above student took the final comprehensive examination/thesis defense as part of the requirements for the degree of:

Ed.S. _____ M.B.A. _____ M.S. _____ M.S.W. _____
M.A. _____ M.F.A. _____ M.S.N. _____

Date of Examination/Defense: _____

Each committee must consist of at least three members of the graduate faculty; all three members must sign the form.

EXAMINATION SATISFACTORY

EXAMINATION UNSATISFACTORY

Committee Chair/Thesis Advisor Date

Committee Chair/Thesis Advisor Date

Committee Member Date

Committee Member Date

Committee Member Date

Committee Member Date



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REQUEST FOR CHANGE IN THESIS ADVISORY COMMITTEE

I. REQUEST

A. I hereby request the following Thesis Advisory Committee to be established for

(Print/Type Student's Name)

(Student's RU ID#)

who is enrolled in the _____ program.
(Title of degree program)

CURRENT COMMITTEE

PROPOSED NEW COMMITTEE

Thesis Advisor

Signature of Current Thesis Advisor

Date

Signature of Proposed Thesis Advisor

Date

B. I concur with the above change(s) in the Thesis Advisory Committee.

Signature of Student

Date

II. APPROVALS

Graduate Program Director/Department Chair

Date

Graduate College

Date

THESIS COVER SHEET

NAME: _____

DEGREE: _____

DEPARTMENT: _____

TITLE OF THESIS:

THESIS ADVISOR: _____

NUMBER OF PAGES IN THESIS: _____

Dean, College of Graduate and Professional Studies

Date