## **Department of Psychology**

## REQUEST TO SCHEDULE THESIS PROPOSAL MEETING

When the members of your committee have agreed that you are ready to have your thesis proposal meeting, complete this form and have your committee members sign it. Please return this form to the Psychology Department Secretary. The Secretary will schedule the meeting time for your proposal meeting.

Date:	_ Student ID Number:	
Student's Name:		
Student's Email:		
Phone: (Home)	(Work)	
Title of Thesis:		
Dates and times preferred for proposal meeting:		
Dates and times impossible for proposal meeting:		
The committee members listed below agree that the graduate student named on this form is ready to have his/her thesis proposal meeting.		
Name Printed	Signature Da	ate
Chair:		
2nd Reader:		