

**THESIS DECLARATION FORM**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPOSED THESIS  
TOPIC/TITLE: \_\_\_\_\_  
\_\_\_\_\_

THESIS COMMITTEE CHAIR:  
\_\_\_\_\_

OTHER COMMITTEE MEMBERS:  
\_\_\_\_\_  
\_\_\_\_\_

EXPECTED COMPLETION DATE: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Graduate Director: \_\_\_\_\_