

Faculty Committee

MUSC 691 (2.0 cr. hrs.) Thesis
MUSC 693 (3.0 cr. hrs.) Thesis (composition)

COURSE NUMBER/TITLE _____ SECTION ID _____ DATE _____

DEGREE PROGRAM _____ EID# **E**

STUDENT NAME _____ E-MAIL ADDRESS _____

HOME ADDRESS _____

PHONE _____

LOCAL ADDRESS _____

PHONE _____

Short description of proposed thesis or project (formal approval is required as outlined in the "Thesis/Final Project Proposals and Documents" approval procedures)

I agree to direct the work of the above-named graduate student in his/her thesis. The student and I have agreed upon the following:

1. Conference times
2. Requirements for completing the study
3. Standards for completing the study
4. Projected completion date

I understand this involves reading and approving both proposal and final document and following the attached procedures.

Signature, **Study Director** _____ Date _____

I agree to serve on the faculty committee for the above-named graduate student. I understand this involves reading and approving both proposal and final document and following the attached procedures.

Signature, **Faculty Committee member** _____ Date _____

I agree to serve on the faculty committee for the above-named graduate student. I understand this involves reading and approving both proposal and final document and following the attached procedures.

Signature, **Faculty Committee member** _____ Date _____

I have received and read this agreement. I understand the requirements for this course and agree to all the statements above.

Signature, **Student** _____ Date _____

The student has my permission to register for this course,

Signature, **Graduate Coordinator** _____ Date _____