



STEPHEN F. AUSTIN
STATE UNIVERSITY

James I. Perkins
College of Education

THESIS PROPOSAL MEETING REQUEST FORM

****Proposal must be attached****

Student Name: _____

Campus ID (CID): _____

Major/Concentration: _____

Degree: _____

Student Signature: _____

Date: _____

Proposed Title of Thesis:

This will certify that the above-named student has been approved to be examined over the above titled thesis.

Exam Date Requested: _____

Time: _____ **Location/Zoom Link:** _____

TYPED NAME

SIGNATURE

DATE

Name, Chair

Name, Co-Chair *(if applicable)*

Committee Member

Committee Member

Committee Member

Graduate School Representative

Program Coordinator

Academic Unit Head

Dr. Judy A. Abbott
Dean

****All committee members must hold approved Graduate Faculty Status****

Email to PCOE Graduate Studies Coordinator at coegrad@sfasu.edu