# Thesis Initiation Form

**Date**

**Student Name**

**Email**

**Preferred Phone**

**Name of Faculty Advisor**

<table>
<thead>
<tr>
<th>Degree</th>
<th>MATM</th>
<th>MAPM</th>
<th>Med</th>
<th>MA/MSW</th>
<th>MA/MA</th>
<th>MA/MS</th>
<th>MA/MBA</th>
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**Thesis Option**

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<th>A</th>
<th>B</th>
<th>C</th>
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**Attachments included with this Form:**
- Bibliography
- Proposal/Outline, including Question to be answered in each paper and tentative thesis
- Degree Program of Study

**Please choose and complete one of the following options:**
- I plan to take my oral exam
  - Fall semester: 20__
  - Spring semester: 20__
  - Summer session: 20__
- I am uncertain when I plan to take my oral exam*

*Please inform your Thesis Consultant as you are able to identify a target time period

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**Signature of Faculty Advisor**

**Date**

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**Please submit form to Associate Dean, Academic Affairs to have Thesis consultant Assigned**

**Name of Thesis Consultant:**

**Associate Dean, Academic Affairs**

**Date**

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Updated 11/2015 (kes)