

NOTICE OF INTENT TO COMPLETE A MASTERS THESIS

Name _____ UCA ID _____ Date _____

I intend to complete a thesis as partial completion of a Masters degree in

Program

Thesis Committee Chair: _____
Name Signature

The following graduate faculty members have agreed to serve on the thesis committee:

Faculty Committee Member: _____
Name

Faculty Committee Member: _____
Name

Faculty Committee Member: _____
Name

Faculty Committee Member: _____
Name

Student's signature Date

APPROVED:

Department Chair's Signature Date

Submit to the Graduate School, Torreyson West 328, UCA, 201 Donaghey, Conway AR 72035