



NOTICE of INTENT TO COMPLETE A MASTERS THESIS

This form is to be used for students in programs that give an option of completing a thesis.

Name: _____ UCA ID: _____ Date: _____

Masters Program: _____

Thesis Committee Chair: _____
Name Signature

I intend to complete a thesis in order to obtain a Masters Degree in the program listed above.

Student's signature

Date

APPROVED:

Department Chair's Signature

Date

SUBMIT TO:
University of Central Arkansas Graduate School
201 Donaghey Avenue
Torreyson West 328
Conway AR 72035

RECEIVED: _____
Graduate School Representative

Date