



## 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:

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