Student Name: 

UCID: 

Please attach a signed and completed copy of this form to your approved MA Thesis proposal and submit to the Student Affairs Administrator in Pick 307 by the eighth week of Winter Quarter.

MA Paper Title:

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TO BE COMPLETED BY FACULTY SPONSOR

This is to certify I have approved the topic and consented to supervise the work of this student on the thesis project stated above.

Signature: _____________________________________________________ Date: _______________

Faculty Name (please print): ______________________________________________________________

Email Address: ___________________________ Phone: ______________________________

Department: __________________________________ Fac. Ex.: ___________________________

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TO BE COMPLETED BY PRECEPTOR

This is to certify that I have approved the topic and consented to supervise the work of this student on the thesis project stated above.

Preceptor Signature: _____________________________________________ Date: _______________

You may address any and all questions about this form or CIR requirements to the CIR preceptors at 702-8074 or the Student Affairs Administrator at 702-8312.