

CRJU 8990
THESIS APPLICATION

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	E-MAIL ADDRESS

AGENCY NAME (if applicable)	BUSINESS TELEPHONE
ADDRESS	CITY, STATE, ZIP
CONTACT PERSON IN AGENCY (if applicable)	BUSINESS TELEPHONE

THESIS TITLE:

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STATEMENT OF THE RESEARCH PROBLEM: Briefly state the problem you propose to address in this thesis.

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THEORY AND LITERATURE REVIEW: Briefly state your theoretical framework and the areas that you plan to focus on in the literature review.

METHODOLOGY: Describe the type of data or information you plan to collect, how you will assemble the data, and how you plan to do your analysis.

ADDITIONAL INFORMATION: Describe any special needs or concerns you have about the thesis.

APPROVALS: Signatures below indicate approval of this thesis application.

COMMITTEE CHAIRPERSON	SIGNATURE	DATE
AGENCY SUPERVISOR (if applicable)	SIGNATURE	DATE
COORDINATOR, GRADUATE PROGRAM	SIGNATURE	DATE
DEPARTMENT CHAIRPERSON	SIGNATURE	DATE

This form must be submitted following selection of the thesis committee and must be accompanied by the APPOINTMENT OF THESIS COMMITTEE form.