

**REQUEST FOR THESIS RESEARCH: HIS 699**

Name:





Program: Semester/Year registering for: Thesis Hrs.

 1-9

**Students must provide a summary or description of project, outline of activities, deadlines, content and/or other requirements below. Attach a more detailed description on a separate sheet if needed**.

**Print Faculty Advisor name: Advisor Signature:**

**Print Department Chair name: Chair Signature:**

**Permission # issued: By: Date:**

# REV 09/18