PHIL 8000: THESIS RESEARCH

_____ _____

Student's Name Thesis Director

_____

Workday ID Thesis Committee Members

_____ _____

Semester/Year

_____

_____

Number of Credit Hours _____

STUDY PLAN AND READING LIST (ATTACH ADDITIONAL PAGES IF NEEDED):

REQUIREMENTS (READING, WRITING, MEETINGS WITH DIRECTOR, ETC.):

COMPLETION DEADLINE (only needed if other than the end of the above semester): _____

APPROVALS:
This is a permission of department course. Registration cannot be affected until this form has been completed and approved. The completed form must be emailed by the student or thesis director to the department's administrative specialist (vpfeif3@lsu.edu), who will then complete the registration.

_____

Thesis Director's Signature

_____

Student's Signature

_____

Director of Graduate Studies