



**THESIS MEETING FORM**

Student Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Type of Meeting  Thesis Proposal Meeting : Advancement to Candidacy (GS01)  
 Thesis Committee Meeting : Completion of Requirements (GS02)

**COMMITTEE MEMBERS:**

Chair: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone number

2<sup>nd</sup> Committee Member: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone number

3<sup>rd</sup> Committee Member: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone number

Please be sure to submit this form with the GSO1 / GSO2 to the Psychology M.A. Graduate Administrative Specialist in Stevenson 1012. Payments will be prepared for your committee members once form has been submitted.

Thank you.