



Intent to Write Thesis

Student Name:

KSU ID#

Program Name:

Effective Term:

Thesis Advisor:

By signing this request, I understand that I will be moved to the thesis option of my program and will follow all policies and procedures related to writing a thesis.

Student Signature:

Date:

Approvals:

Thesis Advisor Name & Signature:

Date

Program Coordinator Name & Signature:

Date

Graduate College Approval:

Date