

Nursing Student Affairs University of California, San Francisco 2 Koret Way, Room N319X San Francisco, CA 94143-0602

Request for Thesis Plan Approval

| Department | |
|---|----------------|
| | |
| entative Title of Proposed Thesis | |
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| Substantive Area | |
| Projected Start Date | Quarter & Year |
| Projected End Date | Quarter & Year |
| Proposed Committee Chair | |
| Proposed Committee Members | |
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| Faculty Advisor Approval (signature) | |
| Faculty Advisor Approval (signature) | Date |
| Faculty Advisor Approval (signature) Department Chairperson Approval (signa | |
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| Department Chairperson Approval (signa | |
| Department Chairperson Approval (signature) Copies to: 1. Department Chairperson 2. Student | |
| Department Chairperson Approval (signal Copies to: 1. Department Chairperson 2. Student 3. Office of Student Affairs | |
| Department Chairperson Approval (signal Copies to: 1. Department Chairperson 2. Student 3. Office of Student Affairs 4. Advisor | |
| Copies to: 1. Department Chairperson 2. Student 3. Office of Student Affairs 4. Advisor 5. Thesis Committee Chairperson 6. Thesis Committee Members | Date |
| Copies to: 1. Department Chairperson 2. Student 3. Office of Student Affairs 4. Advisor 5. Thesis Committee Chairperson 6. Thesis Committee Members | |
| Copies to: 1. Department Chairperson Approval (signal Copies to: 2. Student 3. Office of Student Affairs 4. Advisor 5. Thesis Committee Chairperson | |