**Department Approval of Thesis Committee Chair**

Student:       UID #:

Admitted to:  Year Admitted:

Committee Chair:

Tentative Topic:

[ ]  I reviewed the Thesis Procedures website for my graduate program or sequence.

[ ]  I am requesting an override for PSY 499 for       (semester/year).

**Signatures**

Student Date

Committee Chair Date

Graduate Coordinator Date

Override processed and student notified to register (initials and date)