

California State University, Bakersfield
Department of Nursing

Declaration of Thesis/Project Committee

Student's Name

Social Security Number

Title of Thesis/Project

(Circle one): Thesis Project

I understand that in order to enroll in thesis or project units (690/691) and have my proposal submitted to the IRB, I must have completed 22 units of Masters level work with a GPA of 3.0 or better.

The following faculty members at CSUB have agreed to supervise my culminating activity:

1.	Name of Chairperson	Signature	Title	Date
2.	Name of Member	Signature	Title	Date
3.	Name of Member	Signature	Title	Date

*Note: If one member is not a CSUB Faculty, please attach her/his curriculum vitae.

*Return this form to the Nursing Department Office after obtaining signatures

Candidate's Signature

Date

Office Use Only

Masters' Thesis/Project Approval Form

Graduate Coordinator Checklist

- | | | |
|--|--|---|
| <input type="checkbox"/> Eligible for Candidacy | <input type="checkbox"/> All M.S. Units Within 7 Years | <input type="checkbox"/> Completion of N625 |
| <input type="checkbox"/> Satisfactory Cumulative GPA | <input type="checkbox"/> Satisfactory Program GPA | |
| <input type="checkbox"/> Comments: _____ | | |

Checked by: _____ Date: _____

After consultation and review by the Graduate Admission/Progression and Graduation Committee, we have:

Approved your committee and thesis/project declaration. Advance to Candidacy

Not Approved _____
(Please see the reasons listed above.)

Graduate Program Coordinator _____ Date _____

Chair, Department of Nursing _____ Date _____

Copy to Student/Original in File Dean's Office File Copy