**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**

Please type your legal name to certify that the information submitted is accurate to the best of your knowledge. Please save and email this form as an attachment to the next person on the list after your name.

I certify that the information submitted is accurate to the best of my knowledge

Student       Date

Committee Chair       Date

Graduate Coordinator       Date

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