

## Thesis Announcement

From:	Department Head
Cc:	Graduate/Doctoral Program Coordinator Office of Academic Assistance Advisor

**RE:** Defense Date

<input type="checkbox"/> Health Professions – Nutrition Thesis <input type="checkbox"/> Health Professions – Respiratory Therapy - Thesis
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Student Name:	Date: (i.e. January 23, 2012)	Time: (AM/PM)
Location:	Room#:	Thesis Chairperson:
Thesis Title:		
Abstract:		

Signature Department Head- Nutrition:	Signature Department Head:- Respiratory Therapy:
Committee Member	Committee Member
Committee Member	Committee Member
Committee Member	Committee Member

This form should be sent to web coordinator after approval from Division Head Nutrition/Respiratory Therapy.  
 Created 1/31/2012, approved