

**East Carolina University
Department of Occupational Therapy**

Request for Thesis Committee

To be completed by thesis candidate, appropriate signatures obtained, with final signature by Chair of Occupational Therapy Program for approval.

Student Name:

Program Path: ____ Entry-level ____ Post-professional

Current Date:

Planned Date of Graduation:

Preliminary Title of Thesis:

Purpose of the Study:

Methods of Research:

Committee Members: *(suggested three from department and one outside department).*

Signatures of Agreement

(or attach email with stated agreement)

Thesis Director:

Justification:

Committee Members:

1.

Justification:

2.

Justification:

3.

Justification:

4.

Justification:

5.

Justification:

Approval of Chair:

Date:

Copies: Student, all members of committee, advisor, student's file.

Form Revised: February 27, 2004