



Office of Graduate Studies and Research

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Intent to Submit Thesis/ Project

Candidate _____ Student ID # _____

Estimated graduation date _____
Semester/Term Year

Contact Information:

Phone Number (____) _____

Alt Phone Number (____) _____

Mailing Address _____

City State Zip Code

E-mail address _____

Alt Email Address _____

Committee Information:

Department _____

Chair Email

Member Email

Member Email

Style followed for references and citations (e.g., APA, MLA, ASA) _____

Department Chair Signature _____ Date _____

Note: This form must be submitted to the Graduate Studies and Research office in Welch Hall- D445 by the end of the second week of the semester you intend to graduate. If you do not submit this form, you will not be provided with a review folio on Blackboard and will not be able to proceed with the Graduate Studies and Research revision process. This form may be faxed to (310) 516-4410, hand delivered or mailed to the Office of Graduate Studies and Research in Welch Hall D-445, or emailed to scristin@csudh.edu.