

Record of One-on-One Thesis Research Discussions with PPSM Faculty and/or Affiliates

At least five (5) signatures are required. Submission Deadline: Friday December 22, 2017

Student Name: _____

PPSM Faculty/Affiliate Meeting Verifications

	Printed Name	Signature	Date
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

Chosen Research Advisor: _____

Research Topic: _____

Alternate Choice of Research Advisor: _____

Research Topic: _____

Date Submitted: _____

Approved: _____

Darrell J. Irvine, PPSM Director