ART 5995 MA Project 1-4 units
(Previously ART 5991 MA Thesis)

SEMESTER & YEAR: _____

UNITS: _____

NAME: _____ **CIN**: _____

ADDRESS: _____

CITY: _____ **ZIP**: _____

PHONE: _____ **CSULA EMAIL**: _____

AREA OF RESEARCH: _____

ELIGIBILITY:
The following must be on file in the Art Office:

- **Classified Graduate Standing**
- **Advancement to Candidacy (GS-10)**
- **Request for Thesis/Project Committee (GS-12)**

Signature of Advisor: _____ **Date**: _____
Please print name & then sign

Signature of Dept. Chair: _____ **Date**: _____