THESIS PRODUCTION INFORMATION
MASTER OF ARTS IN THEATRE PRODUCTION

When completed, mail to: Scott Robinson, Director of Summer Institutes
Theatre Arts Department
Central Washington University
400 E. University Way.
Ellensburg, WA 98926-7460

Name ____________________________________________

Proposed Title ____________________________________________
[Remember: You must submit a Committee and Option Approval Form.]


Preferences for Thesis Chair: 1) ________________________

2) ________________________

3) ________________________

Preferences for Thesis Committee members: 1) ________________________

2) ________________________

3) ________________________

4) ________________________

Proposed Orals Date:

☐ The above information is a change/correction Reason:

☐ The above information is new