

**THESIS PRODUCTION INFORMATION
MASTER OF ARTS IN THEATRE PRODUCTION**

*When completed, mail to: George Bellah, Graduate Coordinator
Theatre Arts Department
Central Washington University
400 E. University Way.
Ellensburg, WA 98926-7460*

Name _____

I do not need to fill out this form as the information you have is correct and complete

I do not need to fill out this form as I do not plan to complete my degree.

Reason:

Proposed Title _____

[Remember:

You must submit a Committee and Option Approval Form.]

Proposed Dates: [Year] _____ [Quarter] _____ [Month] _____ [Days] _____

Preferences for Thesis Chair: 1) _____

2) _____

3) _____

Preferences for Thesis Committee members: 1) _____

2) _____

3) _____

4) _____

Proposed Orals Date:

[Year] _____ [Quarter] _____ [Month] _____ [Days] _____

The above information is a change/correction

The above information is new