

**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.]

**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 Reason:**

**The above information is new**