



CALIFORNIA STATE UNIVERSITY LONG BEACH
College of Health and Human Services, Department of Family and Consumer Sciences
Updated 2/26/2014

Petition for Enrollment in PWVT 697: Directed Research

Semester /Year _____ Units Requested _____

Name _____ Student ID # _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone Home: (____) ____ - ____ Work: (____) ____ - ____

Proposed Topic:

Thesis Committee Member Names and Signatures:

(Signatures Required Indicating Topic Approval)

Chair, Name (Printed or Typed)

CSULB Department

Chair, Signature

Date

Member, Name (Printed or Typed)

CSULB Department

Member, Signature

Date

Member, Name (Printed or Typed)

Department or Institution/Company

Member, Signature

Date

Member, Name (Printed or Typed)

Department or Institution/Company

Member, Signature

Date