

**DEPARTMENT OF FAMILY AND CONSUMER SCIENCES
PETITION FOR ENROLLMENT IN FCS 697 – Directed Research**

SEMESTER / YEAR _____ UNITS REQUESTED _____

NAME _____ STUDENT ID # _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

Proposed Topic:

Thesis Committee Member (Signatures Required Indication 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 and Institution/Company

Member, Signature

Date

Member, Name (Printed or Typed)

Department and Institution/Company

Member, Signature

Date