



Petition for Enrollment in NUTR 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