



APPLICATION TO UNDERGRADUATE THESIS STREAM

[Return to Michelle Dionne by April 8, 2011]

STUDENT INFORMATION

_____ Student's Name	_____ Ryerson Student ID
_____ Mailing Address	_____ Email Address
_____ City, Prov. Postal Code	() _____ () _____ Home Phone Alternate Phone

CHECKLIST

- Have read and understood Thesis Information document (available at www.ryerson.ca/psychology) and attended a Thesis Information Session**
- Successfully completed PSY711**
 - If not, when is completion anticipated: _____ (Note that students will not be admitted to PSY971 without the successful completion of PSY711)
- Faculty Member who will act as Thesis Supervisor:** _____
- Current academic transcript is attached to this form.**
 - Have thesis supervisor initial the transcript

SIGNATURES

By signing below, the student agrees to work toward completion of their thesis under the guidance of the undersigned faculty member. If approved by the Psychology Department, the faculty member agrees to supervise the student's thesis.

Student's Signature Date

Faculty Member's Signature Date

DEPARTMENTAL APPROVAL

Request is Approved / Not Approved: (circle one)

Undergraduate Thesis Coordinator's Signature Date