

DEPARTMENT OF PSYCHOLOGY THESIS CONTINUATION FORM  
*Original to student file and copies to student and advisor*

It is with the understanding that a Master's thesis project is a partnership between the Student, the Faculty Advisor, and the Department that I agree to the following plan for completion.

Component

Date

I understand that this form is to be filed on 1 September and every September after the initial two years. Failure to do this will be interpreted as an indication of abandonment of the thesis, and my advisor and the Department will then have no further obligations to me.

Overall, Graduate School policy requires that the thesis be completed within 6 years of September 1 of the year of entering the program.

Signed \_\_\_\_\_ SSN \_\_\_\_\_