

DISSERTATION AND THESIS DIRECTION WORKLOAD FORM

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Faculty Member: _____

Department: _____

Requested H U P: _____

Semester/Year

Student Name	Student ID#	Degree Type: M.A., M.F.A., M.M.E., Ph.D.	Semester/Year of Graduation

Requested: _____
 Faculty Member Date

Approved: _____
 Department Chair Date

 Dean Date

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 R I G L I I H U H Q W W \ S H V 2 Q O \ J U D G X D W L R Q V W K D W W R R N S C