

Thesis / Project Authorization Form

In the event that you are unable to personally handle any part of the review process, you may authorize another person to conduct business on your behalf. Authorized persons must be prepared to show valid identification before any materials are received or released. Please be advised that the Office of Graduate Studies does not accept formatters as authorized persons. Formatters hired by the student cannot conduct business with the Office of Graduate Studies.

Please list reason(s) why you are unable to perform thesis/project duties.

Please describe the duties the authorized person will perform for you. **Please be specific.**

I, _____, hereby authorize _____
(Student's Name – Please Print) (Person Appointed – Please Print)

to perform the thesis/project duties I have listed above.

_____ I understand that it is my responsibility to make all required
(Initial) changes to the thesis/project, to meet all deadlines and complete all required forms.

I have read the above statements and understand the requirements for appointing an authorized person to handle my thesis/project business.

Phone number : () _____ CSUSB E-Mail _____

Student Signature

Date