

# MAIS 2012 THESIS PROPOSAL APPROVAL FORM

In order to be formally assigned to a Thesis Advisor and be enrolled in the MAIS 600 (Thesis Writing) course, this form must be submitted to the MAIS office:

- 1) Completed with all blanks filled in (insert n/a if not applicable);
- 2) With the formal approval of your Thesis Proposal by Dr. Kim, Dean of Asia Programs;
- 3) Along with a copy of your approved Thesis Proposal (including timeline).

**Steps to follow:**

- 1) Fill out your thesis information, print, sign and date it by yourself;
- 2) Obtain approval and signature from your thesis adviser;
- 3) Obtain approval and signature from Dr. Eugene Kim;
- 4) Return all approved thesis documentation to Dr. Yi Schuler at MAIS office.

**Student Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title of Research / Thesis Project:** \_\_\_\_\_  
\_\_\_\_\_

**Dean's Approval of Thesis proposal:** \_\_\_\_\_ **Date** \_\_\_\_\_

(Dr. Eugene Kim's signature)

*(email approval from Dr. Kim is also acceptable in lieu of his signature here, please include email with this form)*

Faculty Advisor Selection / Request: Please indicate below the faculty advisor you have contacted and received agreement from to serve as your faculty advisor. This faculty advisor should be chosen from those listed on the MAIS faculty advisor web site or have been approved according to Concordia University requirements for faculty.

**Faculty Advisor** (print name here): \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Or:**

\_\_\_\_ I wish to have the MAIS department select my faculty advisor and agree to accept and work with the faculty advisor that is chosen for me by the MAIS office. (MAIS students will be notified of their assigned faculty advisor by the MAIS office directly)

I agree to work with the advisor indicated above and have received his/her approval (please include documentation – email, letter, etc.) of my research plan as outlined in my Thesis Proposal. I understand that I am signing a contract with my advisor, assigning him/her the right to evaluate and approve my research. I accept responsibility for any fees and expenses incurred as a result of breaking this contract.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed form prior to the registration period for the summer MAIS 600 course.

**BY MAIL:**  
Concordia University  
School of Business &  
Professional Studies  
1530 Concordia West  
Irvine, CA 92612

**BY FAX:**  
(949) 854-6864

**BY EMAIL:**  
mais.cui.edu