



THESIS COMMITTEE APPOINTMENT FORM

7KH *UDGXDWH 6FKRRO ‡ 9DOGRVWD 6WDWH 80

Please submit at least three (3) semesters in advance of graduation.

Name of College _____

STUDENT NAME _____

STUDENT ID NUMBER _____

DEPARTMENT _____

MAJOR _____

Check all that apply:

Thesis Committee Chair

New Committee

Thesis Committee Appointment

Change(s) to Thesis Committee

MAJOR ADVISOR _____

SIGNATURE _____

DATE _____

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DATE

MEMBER _____

SIGNATURE _____

DATE _____

MEMBER _____

SIGNATURE _____

DATE _____

*Each committee member must have graduate faculty status .

[Original must be filed in Graduate School.]

Revised June 20