



THESIS COMMITTEE APPOINTMENT FORM

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 _____

It is recommended that the faculty members* listed below serve as members of the Thesis Committee for the above named student. *(Please print name, then sign and date.)*
