



MASTER'S THESIS COMMITTEE APPOINTMENT REPORT

This form is completed on formation of the Master's Thesis committee. The committee must be approved by the Graduate Program Director. The chair of the committee and at least one other member must be a tenure or tenure-track faculty member or research professor in the department.

Master's Program _____ **I.D. #** _____

Name of Student _____
Last/First

Preliminary Title of Thesis _____

Date of Committee Appointment _____
Month/Day/Year

THESIS COMMITTEE INFORMATION

Thesis Committee Chair(s):

Name	Rank	Department/Affiliation
Signature	_____	_____
Signature	_____	_____

Members of Thesis Committee:

Name	Rank	Department/Affiliation
Signature	_____	_____
Signature	_____	_____
Signature	_____	_____
Signature	_____	_____

Graduate Program Director _____
Signature/Date

Thesis Committee Chair _____
Signature/Date

Graduate Studies _____
Signature/Date