

Thesis Committee Form

Fall 20____ Spring 20____

STUDENT NAME: _____ STUDENT Z# _____

Total # of Credits Registering for OR Course Number: _____

LOCAL ADDRESS: _____

PHONE: (HOME): _____ (CELL): _____

GRADUATE PROGRAM: _____ E-MAIL: _____

THESIS TOPIC: _____

THESIS COMMITTEE:

CHAIR: _____
Print Name Signature_____
Title(2) MEMBERS: _____
Print Name Signature_____
Title_____
Print Name Signature_____
Title**REQUIRED SIGNATURES OF APPROVAL**Program Chair: _____
Signature DateDivisional Dean: _____
Signature DateDean, School of General Studies
& Graduate Education: _____
Signature Date