MASTERS THESIS COMMITTEE FORM

Student _____________________________

Area _______________             Admission Date_________________

*Chairperson __________________________________

Members _______________________________________

_______________________________________

_______________________________________

Thesis Title___________________________________________________

___________________________________________________

Approved by Area Coordinator __________________________________

Approved by Vice Chair _____________________________________

Approved by Chair __________________________________________

Date ___________________

*May be a Member or Associate Member of the Graduate Faculty.

NOTE: This is a three member committee. It is permissible to include an outside member. In this case, however, there must still be three members of the graduate faculty on the committee, bringing the total number of members to four.