



# THESIS ADVISORY COMMITTEE

1. REQUEST:

A. I hereby request the following Thesis Advisory Committee to be established for

\_\_\_\_\_ (Student's name)

\_\_\_\_\_ (Social Security No.)

who is enrolled in the \_\_\_\_\_ program.  
(Title of degree program)

\_\_\_\_\_  
Chair

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Thesis Advisory Committee Chair

\_\_\_\_\_  
(Date)

B. I concur with the appointment of the above Thesis Advisory Committee.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
(Date)

2. APPROVAL:

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
(Date)

\* Dean

\_\_\_\_\_  
College

\_\_\_\_\_  
(Date)

\* Required only if a non-faculty member is proposed to be on the Committee with voting rights.

ORIGINAL: Graduate Program Director  
Copy: Student  
Committee Members