

APPLICATION FOR APPOINTMENT OF GRADUATE THESIS ADVISORY COMMITTEE
DEPARTMENT OF _____

Personal Information

I, _____ CID# _____
(Student's Name)

Address: _____

_____ Telephone # _____

request appointment of a Graduate Advisory Committee. The members of the graduate faculty listed below have indicated their agreement to serve by their signatures. I also request that a College of Graduate Studies and Research representative be appointed by the Graduate Dean. I am pursuing the _____ degree, and I plan to begin my thesis in the _____ semester on the following topic:

Chair:

(Printed Name) (Signature) (Title) (Date)

II. Member:

(Printed Name) (Signature) (Title) (Date)

III. Member:

(Printed Name) (Signature) (Title) (Date)

IV. College of Graduate Studies and Research Representative:

(Printed Name) (Signature) (Title) (Date)

V. Recommendation of the Department Chair:

(Printed Name) (Signature) (Date)

VI. Approval of the Graduate Dean:

(Printed Name) (Signature) (Date)

Please fill out the top section (Personal Information) and submit this form to your Program Advisor.