



Graduate Thesis Committee Composition and Approval Form

Program of Study:	
Student's Name: _____	Student ID: _____
Student's Signature: _____	Student's Email: _____
Tentative Thesis title/topic:	

Thesis Proposal Date: _____

We agree to serve as Thesis Advisory Committee Members for the student listed above. We certify the student listed above has completed a thesis proposal and is cleared to move forward with the thesis process.

Committee Chair	Date	Department
Committee Co-Chair <i>(when applicable)</i>	Date	Department
Committee Member	Date	Department
Committee Member	Date	Department
Committee Member	Date	Department
Department Chair	Date	Department