

APPOINTMENT OF THESIS COMMITTEE

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	E-MAIL ADDRESS

The following faculty members have agreed to serve on the above-named student's thesis committee.

COMMITTEE CHAIRPERSON	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE
COMMITTEE MEMBER	DEPARTMENT	SIGNATURE	DATE

APPROVALS: Signatures below indicate approval of this thesis committee.

COORDINATOR, GRADUATE PROGRAM	SIGNATURE	DATE
DEPARTMENT CHAIRPERSON	SIGNATURE	DATE

This form must be submitted following selection of the thesis committee. If changes are made in the composition of this committee (generally as the thesis is begun) a new form must be filed.