



Master's Committee

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____

- Check for Master's Advisory Committee...
Check for Master's Thesis Committee...
Check for both Master's Advisory and Master's Thesis Committee

Committee Members

(Please type or print full name. Example: Jane R. Doe)
(Please note if ex-officio or off campus member)
(If adding or removing one member(s), only that signature needed along with the committee chair and department chair/head)

Table with 4 columns: Name (CHAIR), Signature, Add checkbox, Remove checkbox. Multiple rows for committee members.

Department Chair/Head
Or Program Director: _____ Date: _____

Approved: _____ Date: _____

Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School.