

College of Natural Sciences and Mathematics

Department of _____

Appointment of: (Doctoral) Dissertation Committee
(CIRCLE ONE) (Master's) Thesis Committee

For:

First Middle Last

Student Number

Address

City, State Zip

Anticipated field of research: _____

Semester and year of entrance into graduate program: _____

Semester and year of anticipated graduation: _____

It is requested that the following faculty members be appointed to constitute the Doctoral/Master's Committee for the above named student. By initialing below, they have agreed to serve:

Committee Members:

(PLEASE TYPE or PRINT NAME)

(DEPARTMENT)

Accepted

(INITIAL)

(PLEASE TYPE or PRINT NAME then INDICATE APPROVAL WITH SIGNATURE)

Approved: _____
COMMITTEE CHAIRPERSON

_____ (DATED)

Approved: _____
DEPARTMENT GRADUATE ADVISOR

_____ (DATED)

Approved: _____
DEPARTMENT CHAIRPERSON

_____ (DATED)

Approved: _____
DEAN, COLLEGE OF NATURAL SCIENCES AND MATHEMATICS

_____ (DATED)