

OFFICE OF GRADUATE STUDIES & RESEARCH
Thesis/Dissertation Committee Appointments

MUST SUBMIT FORM TYPED

Name:	_____	Date:	_____
Address:	_____	SSN:	_____
City/State	_____	Zip:	_____
Catalog Yr:	_____	Degree:	_____
Major	_____	Conc:	_____
Topic/Title:	_____		

COMMITTEE APPOINTMENTS

_____	Committee Chair	_____	Department	_____	Signature	_____	Date
_____	Committee Member	_____	Department	_____	Signature	_____	Date
_____	Committee Member	_____	Department	_____	Signature	_____	Date
_____	Committee Member	_____	Department	_____	Signature	_____	Date
_____	Committee Member	_____	Department	_____	Signature	_____	Date

EXTERNAL MEMBER REQUEST (TSU Graduate Faculty Member outside of major department)

_____	External Member	_____	Position/Dept.	_____	Signature	_____	Date
Degrees Held _____							
Statement of rationale for appointment: _____							

Recommended by:

Approved by:

_____	Department Head	_____	Date
_____	Dean of College/School or Director of Institute	_____	Date

_____	Dean of Graduate School	_____	Date
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