



School of Graduate & Professional Studies  
Thesis/Dissertation Committee Appointments

MUST SUBMIT FORM TYPED

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ T# \_\_\_\_\_  
City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
Catalog Yr: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major \_\_\_\_\_ Concentration: \_\_\_\_\_  
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 (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**