



OFFICE OF GRADUATE STUDIES & RESEARCH
Thesis/Dissertation Committee Appointments

MUST SUBMIT FORM TYPED

Name: _____ Date: _____
 Address: _____ ID #: _____
 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 (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 _____