



THESIS/DISSERTATION COMMITTEE APPOINTMENT AND ACCEPTANCE FORM

Name of Student/Candidate _____ Program _____

School Year & Semester Started in the Program _____

Date of Passing the Comprehensive Examination _____

Thesis/Dissertation Title: _____

Committee Members	Name	Signature (Signifying Acceptance of Appointment)/	Date
Adiviser			
Evaluators (2 for a Thesis / 3 for a Dissertation)			

Recommending Approval:

Approved by:

Program Chair

Dean/Director