

APPOINTMENT OR CHANGE OF MASTER'S THESIS COMMITTEE

Please Check One: New appointment of Committee
 Change of Committee member(s)

Date: _____

PART I: Department and Student Information

Degree: _____ Concentration: _____

Department Chairperson: _____

Student Name: _____ UNA L#: _____
(Last) (First) (Middle)

E-mail: _____

PART II: Thesis Committee

COMMITTEE FORMING POLICY:

The thesis committee must consist of at least three members appointed by the Dean of the College of Arts and Sciences and the Graduate Council.

COMMITTEE MEMBERS:

Committee	Name	Department	Initials*
1 Chairperson	_____	_____	_____
2 Member	_____	_____	_____
3 Member	_____	_____	_____
4 Outside Member	_____	_____	_____

CHANGE(S) IN THE COMMITTEE:

Committee	Name	Department	Initials*
1 New Member	_____	_____	_____
2 Remove	_____	_____	_____

• *By providing initials, the members agree to serve on Committee*

DEPARTMENT APPROVAL:

Name	Department	Initial
Graduate Coordinator: _____	_____	_____

Department Chair: _____