

Form must be typed
Submit original and two copies to
Associate Dean's office

10/01
GS-12

REQUEST FOR THESIS OR PROJECT COMMITTEE

for the

MA/MS IN INTERDISCIPLINARY STUDIES
(*cross out as appropriate*)

FOR: _____
Last Name First Initial CIN Departments

TITLE OR TOPIC AREA FOR THE PROPOSED THESIS OR PROJECT IS:

I hereby approve the following faculty to serve as the Thesis/Project committee for the above named student:

(TYPE IN NAMES AND DEGREES OF COMMITTEE MEMBERS AND OBTAIN THEIR SIGNATURES)

ALTERNATE MEMBER:

Director

Faculty Member

Faculty Member

Committee membership is certified by:

Associate Dean

Date