

REQUEST FOR THESIS OR PROJECT COMMITTEE AND TITLE



\_\_\_\_\_  
Last Name First and Middle Names CIN #

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Master's degree major and option

Projected Thesis Completion Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Title or topic area for the proposed thesis or project:

The following people have agreed to serve as the Thesis/Project Committee for the above named student:

\_\_\_\_\_  
Committee Chair name and degree Signature and date

\_\_\_\_\_  
Member name and degree Signature and date

\_\_\_\_\_  
Member name and degree (as required) Signature and date

\_\_\_\_\_  
Member name and degree (as required) Signature and date

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BELOW LINE FOR OFFICIAL USE ONLY

\_\_\_\_\_  
Department Chair's signature Date

Committee membership is certified by:

\_\_\_\_\_  
College Associate Dean's signature Date