

**MASTER'S THESIS COMMITTEE APPROVAL FORM**

**Note:** A thesis committee **must** be approved prior to the Proposal Approval Meeting. When approval is received from the Graduate School, the graduate student will be notified and the form will be placed in the student's file.

**Student:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

**Proposed Thesis Title:** \_\_\_\_\_

**The Thesis Director is officially responsible for recommending members of the committee.**

**I have approved the following committee members:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thesis Advisor:** \_\_\_\_\_

Director Signature: \_\_\_\_\_

**Co-Director:** \_\_\_\_\_

Co-Director Signature: \_\_\_\_\_

**For Office Use Only**

**Graduate School Status:**

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

Type in committee member's names and affiliation, if outside the Department of Psychology. Faculty signature below indicates you have agreed to serve on this Thesis Committee. Please attach a current Vitae if outside the Department of Psychology.

**Member:** \_\_\_\_\_

Member Signature \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

**For Office Use Only**

**Graduate School Status:**

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

**Member:** \_\_\_\_\_

Member Signature \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

**Member:** \_\_\_\_\_

Member Signature \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

**Member:** \_\_\_\_\_

Member Signature \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

**Member:** \_\_\_\_\_

Member Signature \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Full/Dissertation Qual: \_\_\_\_\_

Assoc: \_\_\_\_\_

Dissertation Qual: \_\_\_\_\_

**At this point please submit to the Graduate Program Secretary.**

Area Leader: \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date \_\_\_\_\_

Dean, Science and Mathematics: \_\_\_\_\_ Date \_\_\_\_\_

Dean, Graduate School: \_\_\_\_\_ Date \_\_\_\_\_