

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: _____

For Office Use Only

Graduate School Status:

Thesis Director: _____ Full/Dissertation Qual: _____

Director Signature: _____ Assoc./Dissertation Qual: _____

Thesis Co-Director: _____ Full/Dissertation Qual: _____

Co-Director Signature: _____ Assoc./Dissertation Qual: _____

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

For Office Use Only

Graduate School Status:

Member: _____ Full/Dissertation Qual: _____

Member Signature _____ Assoc./Dissertation Qual: _____

Department/Affiliation _____

Member: _____ Full/Dissertation Qual: _____

Member Signature _____ Assoc./Dissertation Qual: _____

Department/Affiliation _____

Member: _____ Full/Dissertation Qual: _____

Member Signature _____ Assoc./Dissertation Qual: _____

Department/Affiliation _____

Member: _____ Full/Dissertation Qual: _____

Member Signature _____ Assoc./Dissertation Qual: _____

Department/Affiliation _____

Submit to the Department Services Administrator for final signatures

Area Leader: _____ Date _____

Graduate Program Director: _____ Date _____

Dean, Science and Mathematics: _____ Date _____

Dean, College of Graduate Programs: _____ Date _____