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: ________________

Member: _________________________________________________________________
Member Signature: ________________________________ Department/Affiliation: ________________

Member: _________________________________________________________________
Member Signature: ________________________________ Department/Affiliation: ________________

Member: _________________________________________________________________
Member Signature: ________________________________ Department/Affiliation: ________________

Member: _________________________________________________________________
Member Signature: ________________________________ Department/Affiliation: ________________

For Office Use Only
Graduate School Status: ________________
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: ________________

Rev. 2/14 Robert E.W. Fyffe, Ph.D.