

**Committee Membership Endorsement Form for Thesis or Dissertation**

Select one:     Thesis     Dissertation

Student Name:	Date:
Email:	G Number:
Graduate Degree Program:	
Thesis Title:	

	Committee Members:	Graduate Faculty Status:	Department/Program:
Chairperson:			
Member:			
Member:			
Member:			

**Graduate Program Director (Please Print Name):** \_\_\_\_\_

I approve this committee.

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

**Unit Head (Please Print Name):** \_\_\_\_\_

Committee Chairperson has:

- Appropriate disciplinary expertise to chair this committee.
- Sufficient workload availability to work with this student.

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

**Associate Vice-Provost for the Graduate School:**

This committee meets the requirements of the current Thesis and Dissertation Policy.

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

Please send the completed information electronically to: [bergerut@gvsu.edu](mailto:bergerut@gvsu.edu)