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