



**Master of Science in Criminal Justice Program
Grand Valley State University**

THESIS COMMITTEE APPROVAL FORM

The following faculty members agree to serve as a Thesis Committee for the below student.

Student Name _____ Date _____

Student Signature _____

Faculty Member Name (Chair) _____ Date _____

Faculty Member Signature _____

Faculty Member Name _____ Date _____

Faculty Member Signature _____

Faculty Member Name _____ Date _____

Faculty Member Signature _____

Graduate Program Director Name _____ Date _____

Graduate Program Director Signature _____

** Note – This signed form will be placed in the student's file.*