

College of Liberal Arts and Social Sciences

Thesis Committee Appointment Record

Name _____

Department _____ **Student ID Number** _____

Email _____

Research Topic _____

It is requested that the following faculty members agree to serve on the Thesis Committee for the student named above.

Committee Members (please print name on left line)

Committee Chair
UHID number _____

Signature

Committee Member
UHID number _____

Signature

Committee Member
(Outside of major area or outside of Dept.)
UHID number _____

Signature

Approved:

Graduate Advisor

Date

Department Director of Graduate Studies

Date

Department Chairperson

Date

Dean, College of Liberal Arts and Social Sciences

Date