

COMMONWEALTH UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**Form for the Appointment
of a Thesis Committee**

TO: The Associate Provost of Research and Sponsored Programs and Dean of Graduate Education

FROM: _____
Advisor of Record

for _____ ID#: _____
Name of Student (print)

DATE: _____

The following faculty, having agreed to serve on the Thesis Committee for the above student, are recommended to you for appointment to the committee (a minimum of three faculty are required to form a committee).

(Print) (Sign) Advisor and Chairperson

(Print) (Sign) Committee Member

(Print) (Sign) Committee Member

Approvals: _____ Program Coordinator
(Print) (Sign)

_____ Department Chairperson
(Print) (Sign)

_____ Assoc. Provost and
(Print) (Sign) Dean of Graduate Education

I HAVE READ THE THESIS PROCEDURES AND AGREE TO COMPLY WITH THE TERMS AS SET FORTH THEREIN.

STUDENT SIGNATURE _____ **DATE** _____

ANTICIPATED DATE OF THESIS COMPLETION _____

- c: Student
- Thesis Advisor
- Program Coordinator
- Committee Members
- Student File

If Journal Manuscript is selected, a copy of the manuscript guidelines must accompany the final thesis