



Directions: Please submit this form to the Office of the Associate Dean when signatures are complete.

MASTER'S / SPECIALIST STUDENT

**MASTER'S THESIS
COMMITTEE AGREEMENT**

Revised: 08/2013

TO: Associate Dean for Academic and Student Services
School of Education and Human Development

FROM: _____
Master's Student UM ID

SUBJECT: Thesis Committee

PROPOSED TOPIC: _____

Committee Criteria: Two Members and the Chairperson must be on Graduate Faculty.
One member must be from outside your department.
Two of the members must be from student's program

Please be advised that the following faculty members have agreed to serve on my dissertation committee.

				Grad. Faculty Yes / No
_____ Committee Chr. Signature	_____ Print Name	_____ Date	_____ Dept.	_____ Y / N
_____ Committee Mbr. Signature	_____ Print Name	_____ Date	_____ Dept.	_____ Y / N
_____ Committee Mbr. Signature	_____ Print Name	_____ Date	_____ Dept.	_____ Y / N
_____ Committee Mbr. Signature	_____ Print Name	_____ Date	_____ Dept.	_____ Y / N
_____ Committee Mbr. Signature	_____ Print Name	_____ Date	_____ Dept.	_____ Y / N

☐

Recommended

☐

Not Recommended

Department Chairperson

Date

☐

Recommended

☐

Not Recommended

Associate Dean for
Academic and Student Services

Date