



MEMORANDUM

TO: Dr. Leslie D. Frazier, Director of Graduate Studies, Department of Psychology

FROM: *Student's name; PID, Graduate Training Program*

CC: Student's file

DATE:

RE: Appointment of Master's Thesis Committee

Student's Information:

Name: _____ **PID:** _____
(Last, First, Middle)

Primary telephone: _____ **E-Mail:** _____

Thesis Topic:

As Major Professor (or Co-major Professor), my signature below affirms that I am an expert in the subject matter of the proposed thesis. I understand my mentoring commitment to be continuous throughout the duration of this thesis.

Major Professor:

Typed Name	Signature.	DAS Status
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Member/ Co-Major (yes/no):

Typed Name	Signature.	DAS Status
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Member:

Typed Name	Signature.	DAS Status
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Member:

Typed Name	Signature.	DAS Status
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