

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  
UHID number \_\_\_\_\_

\_\_\_\_\_  
Signature

Approved:

\_\_\_\_\_  
Department Director of Graduate Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of Liberal Arts and Social Sciences

\_\_\_\_\_  
Date