



# THESIS COMMITTEE APPOINTMENT FORM

The Graduate School • Valdosta State University

Name of College \_\_\_\_\_

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STUDENT NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

MAJOR \_\_\_\_\_

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**Check all that apply:**

Thesis Committee Chair

New Committee

Thesis Committee Appointment

Change(s) to Thesis Committee

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MAJOR ADVISOR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

It is recommended that the faculty members\* listed below serve as members of the Thesis Committee for the above named student. *(Please print name, then sign and date.)*

THESIS COMMITTEE CHAIR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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*\*Each committee member must have graduate faculty status.*

[Original must be filed in Graduate School.]

*Revised February 2011*