REQUEST TO APPOINT THESIS COMMITTEE

IMPORTANT: Prior to committee appointment, this form should be delivered to the Graduate Program Director to be signed. This completed form should be scanned for the Program file, and forwarded as a pdf to the Graduate School Office in DuBois Hall, Room 206.

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his is to request the	e appointment	of the following Thesis co	ommittee for:	
(S	tudent's Nam	e)		_
(S	tudent's I.D.	Number)		_
in	(Program)		_
wi	ith (Thesis A	Advisor)		-
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		eing appointed to the	Thesis committee.	
Lembers of the Con	<u>nmittee</u>	eing appointed to the ' Mentor and Chair	Thesis committee. Department/ Discipline:	
lembers of the Con	<u>nmittee</u>	Mentor and		
Lembers of the Con	<u>nmittee</u>	Mentor and		
lembers of the Con Please Type Name:	nmittee	Mentor and Chair		
Iembers of the Con	nmittee	Mentor and Chair	Department/ Discipline:	

DGS, please send a copy of this form, once completed, to ccoca@fisk.edu.