

## THESIS EXAMINATION COMMITTEE APPOINTMENT

(To be completed by the degree-granting department)

Date of Submission: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Title: \_\_\_\_\_

The undersigned hereby recommend to the Chair of the Graduate Council the following as committee members to examine the thesis for and to conduct his/her final examination, as partial requirement for the MS degree:

### Committee Members

### Department

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Sponsor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Department Chair/Program Director

\_\_\_\_\_  
Signature

Committee Approval: \_\_\_\_\_

Dr. Mark E. Schmitt, Dean, College of Graduate Studies

Chosen Committee Chair: \_\_\_\_\_

Day/Date of Oral Presentation: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

**Please return this form to the Graduate Studies Office – Room 3122, WH**