

MASTER'S THESIS COMMITTEE AGREEMENT

Directions: Please submit this form to the Office of the Associate Dean when signatures are complete. **NOTE:** It is the responsibility of the student to follow-up and ensure completion of this requirement.

TO: Associate Dean for Academic and Student Services
School of Education

FROM: _____
(Master's Student) (UM ID)

SUBJECT: Thesis Committee

PROPOSED TOPIC: _____

Committee Criteria: Two Members and the Chairperson must be on Graduate Faculty. One member must be from outside your department. Two of the members must be from student's program

Please be advised that the following faculty members have agreed to serve on my dissertation committee.

**Grad. Faculty
Yes/No**

_____	_____	_____	_____	_____
Committee Chr. Signature	Print Name	Date	Dept.	Y/N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y/N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y/N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y/N

Recommended _____
 Not Recommended _____
Department Chairperson **Date**

Recommended _____
 Not Recommended _____
Associate Dean for **Date**
Academic and Student Services