



Thesis/Dissertation Faculty Committee

Name: \_\_\_\_\_ U-Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Area of Concentration (if applicable): \_\_\_\_\_

**COMMITTEE APPOINTMENTS: (please print & sign your name)**

**Committee Chair:** \_\_\_\_\_

UofM Department Affiliation \_\_\_\_\_

**Member:** \_\_\_\_\_

UofM Department Affiliation \_\_\_\_\_

**Member:** \_\_\_\_\_

UofM Department Affiliation \_\_\_\_\_

**Member:** \_\_\_\_\_

UofM Department Affiliation \_\_\_\_\_

**Member:** \_\_\_\_\_

UofM Department Affiliation \_\_\_\_\_

**ADD MEMBER TO COMMITTEE: (Please print & sign your name)**

(Committee chair must notify committee, graduate coordinator, and department chair of **ALL** changes.)

Member: \_\_\_\_\_

UofM Affiliation \_\_\_\_\_

Member: \_\_\_\_\_

UofM Affiliation \_\_\_\_\_

**REPLACE MEMBER ON COMMITTEE: (Please print & sign your name)**

(Committee chair must notify committee, graduate coordinator, and department chair of **ALL** changes.)

\_\_\_\_\_ in place of \_\_\_\_\_

\_\_\_\_\_ in place of \_\_\_\_\_

\_\_\_\_\_ in place of \_\_\_\_\_

**DEPARTMENTAL/COLLEGE APPROVALS:**

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

College Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Provost for Graduate Programs: \_\_\_\_\_ Date: \_\_\_\_\_