



# THESIS COMMITTEE APPOINTMENT FORM

The Graduate School • Valdosta State University

Please submit at least three (3) semesters in advance of graduation.

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

---

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

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

DEPARTMENT \_\_\_\_\_

MAJOR \_\_\_\_\_

---

**Check all that apply:**

Thesis Committee Chair

New Committee

Thesis Committee Appointment

Change(s) to Thesis Committee

---

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 \_\_\_\_\_

---

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

[Original must be filed in Graduate School.]

Revised June 2016