

Appointment of Thesis Committee

gradforms@uttyler.edu · STE 345 · 903-566-7457

*The Thesis Committee must be approved by the Dean of the Graduate School before a student can enroll in thesis hours.*

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Program:** Enter Program **Semester Entered:** Semester **Year Entered:** Year

**Title of Thesis:**

Enter thesis title

**Committee Information**

Appropriately qualified faculty may serve on a thesis committee at the request of the student and the graduate program. The minimum requirement for a Thesis Committee is three members, including the Thesis chair, who must be a qualified member of the Graduate Research Faculty, and at least two other members of the Graduate Research Faculty, one of whom must be from the program in which the degree is being sought. One member may be external to the program or university. Exceptions to the composition of a committee may be granted by the Dean of the Graduate School.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Committee Chair** | Chair’s Name | **Dept.** | Chair’s Dept. | Graduate Faculty Status |
| **Member** | Member’s Name | **Dept** | Member’s Dept. | Graduate Faculty Status |
| **Member** | Member’s Name | **Dept** | Member’s Dept. | Graduate Faculty Status |
| **Member** | Member’s Name | **Dept** | Member’s Dept. | Graduate Faculty Status |
| **Member** | Member’s Name | **Dept** | Member’s Dept. | Graduate Faculty Status |

For Visiting Graduate Faculty

|  |
| --- |
| Description of Visiting Graduate Faculty member’s expertise in relation to thesis topic:Enter description of expertise. |

 **Approvals**

**Department Chair**: Department Chair’s Name Approval Date: Select Approval Date

**Graduate School Approval**: Enter Name Approval Date: Select Approval Date

Please complete this form and submit any additional supporting materials necessary to

The Graduate School (GradForms@uttyler.edu)

\*\* This form is NOT to be submitted by the student. \*\*