



# 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 \_\_\_\_\_

RESEARCH MEMBER (if applicable) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

MEMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

[ Must be filed in Graduate School.]

Revised March 2021