

SELECTION OF MASTER'S THESIS COMMITTEE MEMBERS

DATE: _____

MEMO TO: **GRADUATE PROGRAM OVERSIGHT COMMITTEE**

FROM: _____

RE: **Proposed Master's Committee Members**

Option: **Thesis or Non-Thesis** (circle appropriate option)

The following have agreed to serve on my Master's Committee:

_____	_____ Major Advisor
Print Name of Member	Signature of Member
_____	_____
Print Name of Member	Signature of Member
_____	_____
Print Name of Member	Signature of Member

Approved: _____
Graduate Program Oversight Committee

_____ DATE