

EASTERN MICHIGAN UNIVERSITY
Graduate School
Master's Thesis COMMITTEE Approval Form

Student Name _____ Date _____

Program of Study _____ ID # _____

Email address _____

Phone (work) _____ (home/cell) _____

Thesis Topic/Tentative Title

PROPOSED COMMITTEE MEMBERSHIP

Committee Chair _____ Signature _____

Proposed Member Representing the Graduate School _____

(Attach vitae/resume of any off-campus appointee.)

Committee Members:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

APPROVALS

Date _____ Program Director/Coordinator/Dept. Head Signature _____

Date _____ Graduate School Signature _____

Send signed originals to Graduate School.