

**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.