**Department Approval of Thesis Committee**

Student:       UID #:

Admitted to:  Year Admitted:

Committee Chair or Co-chairs:

Committee Member:

Committee Member:

Thesis Title:

Signatures

Please type your legal name to certify that the information submitted is accurate to the best of your knowledge. Please save and email this form as an attachment to the next person on the list after your name.

I certify that the information submitted is accurate to the best of my knowledge

Student       Date

Committee Chair       Date

Committee Chair       Date

Committee Member       Date

Committee Member       Date

Department Chair       Date