

FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL

THESIS ADVISORY COMMITTEE MEMBERSHIP FORM

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

We, the undersigned, agree to serve as members of the Thesis Advisory Committee:

*(Please note one member of the Advisory Committee must be from outside the candidate's department.)*

	Graduate Faculty Status: Full, Associate, Special	Signatures
Chair: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____

**APPROVED: {Signatures and Dates}**

Program Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of School/College: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Assistant Dean of The Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** The Thesis Advisory Committee Membership Form is to be filed in The Graduate School one semester before the graduate student registers for the thesis course. *All committee members must have current graduate faculty status.*