

FAYETTEVILLE STATE UNIVERSITY

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:

Thesis Title: _____

Thesis Research Topic: _____

(Please note that at least two members of the Thesis Advisory Committee must be from the candidate's major department.)

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

OFFICE USE ONLY

APPROVED: {Signatures and Dates}

Graduate Coordinator: _____ Date: _____

Department Chair/Associate Dean: _____ Date: _____

College Dean: _____ Date: _____

Note: The student must choose a thesis committee in consultation with the major advisor. The committee will consist of a minimum of three (3) graduate faculty members, one of whom must be the chair of the Thesis Advisory Committee and one must be from outside the student's major department. All committee members must have current graduate faculty status. The committee must be approved by the department chair/associate dean and the college dean. If the approved committee membership changes, a new form indicating the proposed new membership must be submitted for approval.