



THESIS COMMITTEE APPOINTMENT FORM

The Graduate School • Valdosta State University

Please submit at least three (3) semesters in advance of graduation.

Name of College _____

STUDENT NAME _____

STUDENT ID NUMBER _____

DEPARTMENT _____

MAJOR _____

Check all that apply:

Thesis Committee Chair

New Committee

Thesis Committee Appointment

Change(s) to Thesis Committee

MAJOR ADVISOR _____

SIGNATURE _____

DATE _____

It is recommended that the faculty members* listed below serve as members of the Thesis Committee for the above named student. (Please print name, then sign and date.)

THESIS COMMITTEE CHAIR _____

SIGNATURE _____

DATE _____

RESEARCH MEMBER (if applicable) _____

SIGNATURE _____

DATE _____

MEMBER _____

SIGNATURE _____

DATE _____

MEMBER _____

SIGNATURE _____

DATE _____

***Each committee member must have graduate faculty status.**

[Must be filed in Graduate School.]

Revised March 2021