



Office of Graduate Studies  
 212 Koch Hall  
 Norfolk, VA 23529  
 Phone: 757-683-4885  
 Fax: 757-683-3004

## Thesis Advisory Committee

**REQUEST:**

A. I hereby request the following Thesis Advisory Committee to be established for

\_\_\_\_\_ (Student's name) \_\_\_\_\_ (UIN)

who is enrolled in the \_\_\_\_\_ program.  
 (Title of degree program)

Chair \_\_\_\_\_  
 Print Signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Thesis Advisory Committee Chair

\_\_\_\_\_  
 Date

B. I concur with the appointment of the above Thesis Advisory Committee.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**APPROVAL:**

\_\_\_\_\_  
 Graduate Program Director (Date)

\_\_\_\_\_  
 Department Chair (Date)

\_\_\_\_\_  
 Dean College (Date)