



Office of Graduate Studies  
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Appointment of  
 Master's Thesis Committee  
 M1

REQUEST:

I hereby request the following Thesis Committee to be established for:

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

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

Chair: \_\_\_\_\_  
 Print Name Signature

Members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Printed Names Signatures of Thesis Committee

\_\_\_\_\_  
 Date

I concur with the appointment of the above Thesis Committee.

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

\_\_\_\_\_  
 (Date)

\*This represents a restructuring of an existing committee.  
 \*If this applies, signatures are required below

APPROVAL:

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

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

\*Dean: \_\_\_\_\_ College: \_\_\_\_\_ Date: \_\_\_\_\_