

APPLICATION FOR THESIS COMMITTEE

Student's name _____ Date _____

Student ID _____

Degree sought _____ in the department of _____

Thesis title: _____

**TO BE APPROVED BY THE STUDENT'S ADVISOR, THE DEAN OF THE COLLEGE
AND BY THE DEAN OF THE GRADUATE COLLEGE**

Name of Committee Chair _____

Name of Committee Member _____

Name of Committee Member _____

Name of Committee Member _____

Type a brief statement of the proposed thesis topic:

I agree to supervise this student in the preparation of the thesis described above

Signature of the Committee Chair _____

APPROVAL OF THE COMMITTEE AS NOTED

Graduate Program Coordinator _____ Date _____

Dean of College _____ Date _____

Associate Dean of the Graduate College _____ Date _____

Dr. Sandra Hansmann

Please submit the signed copy to the Graduate College or send it to ETD@utrgv.edu. For questions, contact ETD@utrgv.edu.