

Please print clearly.

Name _____ Date _____

Major Professor Name (Print) _____ Date _____ Signature _____

Telephone _____ E-mail address _____

The following faculty members have agreed to serve on the thesis committee for the student named above:

1) Committee Member Name (Print) _____ Date _____ Signature _____

Address _____

Telephone _____ E-mail address _____

2) Committee Member Name (Print) _____ Date _____ Signature _____

Address _____

Telephone _____ E-mail address _____

3) Committee Member Name (Print) _____ Date _____ Signature _____

Address _____

Telephone _____ E-mail address _____

Please remove the following faculty members from the Thesis Committee for the student named above.

1) Committee Member Name (Print) _____ Date _____ Signature _____

2) Committee Member Name (Print) _____ Date _____ Signature _____

SCMSS Graduate Programs Coordinator _____ Date _____ Dean, College of Science _____ Date _____