

Please print clearly.

Name \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
Major Professor Name (Print)                      Date                      Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone    E-mail address

\_\_\_\_\_  
**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

\_\_\_\_\_  
**4) Committee Member Name**                      Date                      Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone    E-mail address

\_\_\_\_\_  
SCMSS Graduate Programs Coordinator                      Date                      Dean, College of Science                      Date