



School of Graduate Studies and Research
 McDemmond Center for Applied Research (MCAR), Ste 602
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Thesis/Dissertation Committee Form

A Thesis/Dissertation Committee has been established for:

Student Name: _____ Identification Number: _____

Degree Program: _____ Masters Ph.D/Terminal

Member - Print Name	Members Signature	Date
_____	_____ Thesis/Dissertation Chair/Advisor	_____
_____	_____ Member Signature	_____
_____	_____ Member Signature	_____
_____	_____ Member Signature	_____
_____	_____ Member Signature	_____

I understand that the faculty listed above will serve as my Thesis/Dissertation Committee.

Student: _____
Student Signature Date

APPROVAL:
 Graduate Program Coordinator/Director: _____
Signature Date

Send copy to: Department Chair
 Academic Dean
 School of Graduate Studies and Research