

## SM Thesis Committee Selection Form

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis Tentative Title: \_\_\_\_\_

This form may be submitted for notification related to either requirement below. Complete the appropriate sections(s). Return the form to the Education Office.

### COMPOSITION OF THESIS EXAMINATION COMMITTEE

This is: \_\_\_ New \_\_\_ Amended \_\_\_ Previous composition for the committee.  
Submit this form at any time to change the membership of your thesis committee.

Committee Member \* \_\_\_\_\_ Thesis Advisor

Committee Member \* \_\_\_\_\_ Thesis Chair

Committee Member \* \_\_\_\_\_

Committee Member \_\_\_\_\_ (Optional)

\*required members of a committee for a Masters thesis

**Please include the thesis title and a brief abstract (if you need to attach a separate word doc, please feel free to do so).**

Thesis Advisor Signature: \_\_\_\_\_