



Thesis Committee Composition Approval Form

Program of Study:	
Student's Name: _____	Student ID: _____
Student's Signature: _____	Student's Email: _____
Tentative Thesis title/topic:	

*All thesis committee members must be members of the graduate faculty at A&M-SA (refer to the [Graduate Faculty Membership Policy](#) for nomination procedures for Graduate Faculty, and access the [Graduate Faculty Nomination Form](#)).

We agree to serve as Thesis Advisory Committee Members for the student listed above.

_____	_____	_____
Committee Chair	Date	Department
_____	_____	_____
Committee Co-Chair <i>(when applicable)</i>	Date	Department
_____	_____	_____
Committee Member	Date	Department
_____	_____	_____
Committee Member	Date	Department
_____	_____	_____
Committee Member	Date	Department
_____	_____	_____
Department Chair	Date	Department

For the College of Graduate Studies Only

Based on the recommendation above, the Thesis Committee Composition is : **Approved** **Disapproved**

 Dean or Dean's Fellow of The College of the Graduate Studies

_____ Date