



Graduate College

Request for Approval of Thesis/Dissertation Committee

Name _____ KSU ID Number _____

Email _____ Program _____

Committee Member 1 - Chair

Thesis/Dissertation Committee Chair Signature		Date
Print Name	Program	Member's Dept. Chair Signature

Committee Member 2

Thesis/Dissertation Committee Member Signature		Date
Print Name	Program	Member's Dept. Chair Signature

Committee Member 3

Thesis/Dissertation Committee Member Signature		Date
Print Name	Program	Member's Dept. Chair Signature

Committee Member 4

Thesis/Dissertation Committee Member Signature		Date
Print Name	Program	Member's Dept. Chair Signature

Committee Member 5

Thesis/Dissertation Committee Member Signature		Date
Print Name	Program	Member's Dept. Chair Signature

Signatures

Candidate's Program Director	Date
Candidate's Dept Chair (approving committee)	Date
Graduate Dean	Date