



Request for Approval of Thesis/Dissertation Committee

Name _____ KSU ID _____

Email _____ Phone Number _____

Program _____

1.			
	Thesis/Dissertation Chair Signature		Date
	Print Name	Program	Member's Dept. Chair Signature
2.			
	Committee Member Signature		Date
	Print Name	Program	Member's Dept. Chair Signature
3.			
	Committee Member Signature		Date
	Print Name	Program	Member's Dept. Chair Signature
4.			
	Committee Member Signature		Date
	Print Name	Program	Member's Dept. Chair Signature
5.			
	Committee Member Signature		Date
	Print Name	Program	Member's Dept. Chair Signature

Candidate's Program Director _____
Date

Candidate's Department Chair (approving the committee) _____
Date

Graduate Dean _____
Date