

Masters Thesis Advisory Committee Appointment Form

Student's Name [Type]: _____ Banner ID: _____

Degree: _____ Program: _____

Student's Signature: _____ Date: _____

Tentative thesis title/topic: _____

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

Chair [Signature]	Type Name	Dept.	Date
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Co-Chair [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Approved by:

Dept. Chair/Program Coordinator [Signature]	Type Name	Dept.	Date
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Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted in order to assign a doctoral dissertation committee to the student. Advisors must be approved TAMUCC and/or TAMU System Doctoral Graduate Faculty Members. [To request Graduate Faculty special appointment click here.](#) Contact CGS with questions 361.825.2174

For CGS Use Only:

___ TAMUCC faculty (yes/no)	___ Graduate Faculty Status (yes/no)
___ Dean, CGS Approval	___ Date
___ Copy sent to College & Dept. Chair (Initials only)	___ Date
___ Data entered on spreadsheet (Initials only)	___ Date
___ Informed Academic Advisor	___ Date

Form A- Master's
11/2017