

Thesis/Project Committee Information

Student's Name: _____ SID: _____

Check one: **Initial Appointment** **Revised Appointment**

If submitting a committee revision, please complete only this page

Committee Chair Name	Committee Chair Signature	Date
Co-Chair Member Name	Co-Chair or Member Signature	Date
Member Name	Member Signature	Date
Member Name	Member Signature	Date
Member Name	Member Signature	Date

Revised Appointment: Signify new members above (*); resigning members below

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

Why has the committee has been revised? _____

Committee members, signified by (**), who are not UAA faculty but have appropriate professional credentials may be included with the approval of the graduate advisor, the college dean and the dean of the Graduate School.

Credentials or expertise of outside faculty member that would be appropriate for the student's thesis or project:

APPROVED:

Graduate Advisor Name	Graduate Advisor Signature	Date
Department Director/Chair Name	Department Director/Chair Signature	Date
College Dean Name	College Dean Signature	Date
Graduate Dean Name	Graduate Dean Signature	Date

Original form should be submitted to the Graduate School after all department and college signatures are complete.