



Master's Committee

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____

Check for Master's Advisory Committee, which develops the student's program of study, and monitors progress in the program.

Check for Master's Thesis Committee, which is responsible for insuring that the thesis presented meets high academic standards and constitutes a significant contribution to the knowledge of the study area.

Check for BOTH Master's Advisory and Master's Thesis Committee

Committee Members

(Please type or print FULL NAME. Example: Jane R. Doe)

(Please NOTE if ex-officio or off campus member)

(If adding or removing one or more members, only that signature needed along with the committee chair and department chair/head)

_____ CHAIR	_____		
Please PRINT full name	signature of chair required	add	remove
_____	_____		
Please PRINT full name of committee member	signature of committee member	add	remove
_____	_____		
Please PRINT full name of committee member	signature of committee member	add	remove
_____	_____		
Please PRINT full name of committee member	signature of committee member	add	remove
_____	_____		
Please PRINT full name of committee member	signature of committee member	add	remove

Department Chair/Head
Or Program Director: _____ Date: _____

Approved: _____ Date: _____

Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School. To electronically submit this form, email it to ct063@uark.edu.