

**Thesis Committee Approval Form
Truman State University**

Please submit this form after the student has been accepted as a degree-seeking student and enrolls in graduate level courses, and **one full semester before the proposed thesis completion date**. PLEASE TYPE or PRINT all information except signatures required for approval.

STUDENT INFORMATION

Name _____
Banner ID

Graduate Program _____
Proposed Thesis Completion Date

PLEASE CHECK ONE:

____ Initial Assignment _____ Change in Committee/Topic (complete only the
Information below that has changed)

PROPOSED THESIS TOPIC (include title, if known)

THESIS COMMITTEE

The committee consists of three or more faculty, including the committee chair. One member must be from an area/department outside the graduate program area.

Committee Chair _____
Department

Member _____
Department

Member _____
Department

Member from Outside Department _____
Department

INITIAL APPROVAL OF TOPIC AND COMMITTEE

Thesis Committee Chair _____
Date

Department Chair _____
Date

Dean of Graduate Studies _____
Date

When complete and signed by the Dean of Graduate Studies, copies will be sent to:
Department Chair Advisor Student
Graduate Program Director Thesis Committee Chair