**REQUEST FOR APPROVAL OF THESIS COMMITTEE**

This form is to be used for forming a thesis advisory committee for the purpose of evaluating a student’s proposal of a thesis and to evaluate a final thesis project that is to be completed to meet part of the requirements for receiving a Master’s degree in Psychology. This form must be submitted prior to proposing a thesis. The student’s thesis advisor serves as the chair of this committee. The committee membership requires an additional member from within the Psychology Department and another member with an appointment outside of this department. It is the responsibility of the thesis advisor to ensure that committee members have secured graduate faculty status. The chair of this committee must have graduate level 3 status.

**Student's name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preliminary title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee Members**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Committee Chair | Departmental Member | Non-departmental Member |
| Name (and degree) |  |  |  |
| Title |  |  |  |
| Department |  |  |  |
| Phone Number |  |  |  |
| Email address |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Departmental Member** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Non-departmental Member** Date

The signature of the committee chair indicates approval of the thesis advisory committee membership and gives assurance that committee members have graduate faculty status.

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**Signature of Committee Chair**  Date