



Directions: Please submit this form to pcapps@miami.edu as an email attachment when signatures are complete

MASTER'S / SPECIALIST STUDENT

**MASTER'S THESIS
 COMMITTEE AGREEMENT**

Revised: 09/2019

TO: Office of Graduate Studies and Student Services
 School of Education and Human Development

FROM: _____
 Master's Student UM ID

SUBJECT: Thesis Committee

PROPOSED TOPIC: _____

Committee Criteria: Two Members and the Chairperson must be on Graduate Faculty. One member must be from outside your department. Two of the members must be from student's program

Please be advised that the following faculty members have agreed to serve on my dissertation committee.

				Grad. Faculty Yes / No
_____	_____	_____	_____	_____
Committee Chr. Signature	Print Name	Date	Dept.	Y / N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y / N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y / N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y / N
_____	_____	_____	_____	_____
Committee Mbr. Signature	Print Name	Date	Dept.	Y / N

Recommended		
Not Recommended	_____ Department Chairperson	_____ Date

Recommended		
Not Recommended	_____ Graduate Programs Manager	_____ Date