

Department of Environmental Sciences and Engineering

Request For Composition of Master's Committee

Please type or print this form.

This form must be submitted not later than 2 months prior to the proposed oral defense date.

Please note that each thesis committee will consist of no fewer than three persons, the majority of whom must be classified by the Graduate School as "full" faculty members. If a nominee has neither been appointed to the Graduate Faculty (All listed in the front of the Graduate School Catalogue qualify as "full;" those listed in the departmental section may or may not qualify.) nor has been granted "Special Appointee" status by the Dean of the Graduate School to serve on this thesis committee, the appropriate request should accompany this form. For such a request, the required materials are the person's electronic copy of curriculum vita with publications and an email from your committee chairman documenting why s/he is particularly well qualified to serve; it should be addressed to The Dean, The Graduate School, CB# 4010 Bynum Hall, Campus, **but do not mail it to him**. Please return it to the Student Services Office for completion of a form by this office which much accompany such a request. Please remember that if you have 2 special appointees, then your thesis committee must be at least 5 to accommodate the Graduate School's requirement that the majority be full.

In order to ensure that each student has a broad-based committee, departmental regulations stipulate that at least one committee member will be from outside the student's program area major. If the student selects a thesis advisor from outside the department, then a co-advisor from the department must also be selected. If the student elects a formal minor, the minor area will be represented on the committee.

I, _____, request the approval of the following thesis committee:

	Nominee (Give name, program area, and department.)	Graduate Faculty Status (If other than full, indicate appointment dates; if full, please so indicate.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
	_____	_____
	_____	_____

Thesis Advisor: _____

Co-advisor, if necessary: _____

Signed: _____
Student Signature

_____ Date

Approved: _____
Thesis Advisor's Signature

_____ Date

Approved: _____
Director, Student Services

_____ Date