



ARKANSAS TECH UNIVERSITY

THESIS COMMITTEE APPOINTMENT FORM



STUDENT NAME: _____ T NUMBER: _____

STUDENT SIGNATURE: _____

EMAIL ADDRESS: _____ PHONE: _____

ANTICIPATED GRADUATION DATE: _____

GENERAL TOPIC OF THESIS:

ALL ATU COMMITTEE MEMBERS MUST HAVE GRADUATE FACULTY STATUS

COMMITTEE CHAIR:

My signature indicates I agree to provide the graduate student with the information and direction necessary to prepare an acceptable document for presentation to the Graduate College and the fulfillment of all master degree requirements.

Printed Name Signature Date

THESIS COMMITTEE:

My signature indicates I agree to provide the graduate student with the information and direction necessary to prepare an acceptable document for presentation to the Graduate College and the fulfillment of all master degree requirements.

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

SIGNATURES OF APPROVAL:

Program Director Date

Dean of the Graduate College Date