**Appointment of Master’s Thesis Committee**

Please Choose One:  New Appointment of Committee  Change of Committee Member(s)

**Student Information**

Please Enter Your Name Here Enter Your T# (Starting with T00)

*Name* T# Date

School of Criminal Justice and Criminology College of Business, Health, and Human Services

*Department* *College*

**Thesis Committee Members**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Chair Name Here SCJC

*Chair, Signature Print Name Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Member Name Here SCJC

*Member, Signature Print Name Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Member Name Here SCJC

*Member, Signature Print Name Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter Member Name Here Department (University)

*Outside Member, Signature Print Name Department*

**Note**. Outside members are not required in a Master’s Thesis committee. Only fill in if applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Robert D. Lytle SCJC

*Graduate Chair, Signature Print Name Department*

**Administrative Use Only**

*This committee has been submitted to Graduate School*

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_