

Appointment of Master's Thesis Committee

***This form should accompany the Master's Thesis Proposal Defense Form**



The Graduate School
UNC CHARLOTTE

Student Name: 800 #:

Degree/Major:

Proposed Topic:

Signature: Date:

I am revising my committee

Master's Thesis Committee Signatures:

Chair

Name: Signature:

Member

Name: Signature:

Member

Name: Signature:

Member

Name: Signature:

Graduate Program Director

Name: Signature:

***Committee members must hold a faculty appointment in the Graduate School**

Internal Use Only:

GS Approval:

Date: