

## Master's Thesis Advisory Committee Appointment Form

Select a Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Tentative Thesis title/topic:

*We agree to serve as Thesis Advisory Committee Members for the student listed above.*

Committee Chair Signature	Type Name	Department
Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Program Coordinator Signature	Type Name	Department
Department Chair Signature	Type Name	Department

Complete this form. Upload to [CGS website](#) to be routed for signatures. Form should be submitted before the start of data collection/creative activity. Committee members must have Graduate Faculty Status. Contact CGS with questions 361.825.2174.

**For College of Graduate Studies Use Only:**

Graduate Faculty Status \_\_\_\_\_ Entered in Banner \_\_\_\_\_  
 CGS Approval \_\_\_\_\_  
 Academic Advisor \_\_\_\_\_ Entered in Spreadsheet \_\_\_\_\_