



## Approval of a Thesis, Dissertation, or Research Project Committee

Please submit this completed form to The Graduate School by the second week of the semester in which the student registers for dissertation, thesis, or research credits.

Full Legal Name \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Anticipated Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Program Major: \_\_\_\_\_ Concentration(s) (if any): \_\_\_\_\_

Anticipated Degree:  Au.D.  D.M.A.  D.N.P.  Ph.D.  Psy.D.  Ed.S.  M.A.  M.A./Ed.S.  M.A.T.  
 M.B.A.  M.Ed.  M.F.A.  M.M.  M.O.T.  M.P.A.  M.P.A.S.  M.S.  M.S.Ed.  M.S.N.

Project being completed:  Research Project  Thesis  Dissertation  Musical Arts Document  Clinical Research Project

Brief Project Description: \_\_\_\_\_

\_\_\_\_\_

Adviser: \_\_\_\_\_

(Print name)

Each committee must consist of a chair and two other JMU graduate faculty members. Additional faculty may be included with the approval of the dean of The Graduate School. If a recommended member of the committee is not a graduate faculty member, please indicate his/her area of specialization and qualifications for inclusion. Attach additional sheets if necessary.

Committee Chair: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

(Print name)

Committee (print all names):

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No \_\_\_\_\_

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No \_\_\_\_\_

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No \_\_\_\_\_

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No \_\_\_\_\_

Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Graduate Faculty Member?  Yes  No \_\_\_\_\_

### Provide the following signatures for Committee Approval:

\_\_\_\_\_  
Student Date Adviser Date

\_\_\_\_\_  
Thesis/Dissertation Chair Date Academic Unit Head Date

\_\_\_\_\_  
Program Director Date Dean of The Graduate School Date