



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