College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Approval of Thesis or Dissertation Committee

☐ **Thesis** ☐ **Dissertation**

Name: _____ Student ID #: _____
Last *First* *M.I.*

Academic Department: _____ Academic Program: _____

Title/Topic of Research: _____

Authorizations

Committee Chair: _____
Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

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Printed Name *Signature* *Date*

Committee Member: _____
Printed Name *Signature* *Date*

Department Chair: _____
Printed Name *Signature* *Date*

Home College Dean: _____
Printed Name *Signature* *Date*

CGPS Dean: _____
Printed Name *Signature* *Date*

Committee must include a minimum of three members of the graduate faculty, no more than one of whom may be a non-tenure track faculty member. Doctoral committees must include one member from outside the student's major area.

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