

APPENDIX I

FORMS



JULY 2006



College of Graduate and Professional Studies
Box 6928
Radford, VA 24142

REQUEST FOR CONVENING OF THESIS/DISSERTATION ADVISORY COMMITTEE

I. REQUEST

A. I hereby request the following Thesis/Dissertation Advisory Committee to be established for

_____ (Print/Type Student's Name) _____ (Student's RU ID#)

(Student's Phone#: _____ Student's E-Mail: _____)

who is enrolled in the _____ program.
(Title of degree program)

Thesis Advisor _____ (Print) _____ (Signature & Date)

Proposed Topic/Title _____

Semester(s) and year of registration (please specify number of hours for each term). Include course prefix and number (i.e., PSYC 699, COMM 699 _____)

Printed/Typed Names of Committee Members	Signatures	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. I concur with the appointment of the above Thesis/Dissertation Advisory Committee.

_____ (Printed/Typed Name of Student) _____ (Signature & Date)

II. APPROVALS [REQUIRED PRIOR TO ENROLLING FOR THESIS/DISSERTATION CREDITS]

_____ Graduate Program Director/Department Chair _____ Date

_____ Graduate College _____ Date



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REQUEST FOR CHANGE IN THESIS ADVISORY COMMITTEE

I. REQUEST

A. I hereby request the following Thesis Advisory Committee to be established for

_____ (Print/Type Student's Name) _____ (Student's RU ID#)

who is enrolled in the _____ program.
(Title of degree program)

CURRENT COMMITTEE

PROPOSED NEW COMMITTEE

Thesis Advisor

Signature of Current Thesis Advisor Date

Signature of Proposed Thesis Advisor Date

B. I concur with the above change(s) in the Thesis Advisory Committee.

Signature of Student Date

II. APPROVALS

Graduate Program Director/Department Chair

Date

Graduate College

Date

THESIS COVER SHEET

NAME: _____

DEGREE: _____

DEPARTMENT: _____

TITLE OF THESIS:

THESIS ADVISOR: _____

NUMBER OF PAGES IN THESIS: _____

Dean, College of Graduate and Professional Studies

Date

SAMPLE