



## Request for Approval of Thesis/Dissertation Committee

Name \_\_\_\_\_ KSU ID \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Program \_\_\_\_\_

1.		
	Thesis/Dissertation Chair Signature	Date
	Print Name	Program
	Member's Dept. Chair Signature	
2.		
	Committee Member Signature	Date
	Print Name	Program
	Member's Dept. Chair Signature	
3.		
	Committee Member Signature	Date
	Print Name	Program
	Member's Dept. Chair Signature	
4.		
	Committee Member Signature	Date
	Print Name	Program
	Member's Dept. Chair Signature	
5.		
	Committee Member Signature	Date
	Print Name	Program
	Member's Dept. Chair Signature	

\_\_\_\_\_  
Candidate's Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Department Chair (approving the committee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Dean

\_\_\_\_\_  
Date