

MASTER'S THESIS COMMITTEE APPROVAL FORM 6

Each graduate student preparing a thesis shall have a supervisory committee composed of at least three members of the graduate faculty or associate graduate faculty. One of the members shall serve as the chair of the supervisory committee. The supervisory committee shall approve the student's plan of study, monitor the student's academic progress, approve the thesis subject, evaluate the thesis defense and approve the final document. The minor, or related fields, if applicable, shall have representation on the supervisory committee. Students may not register for thesis credit until their master's thesis committee has been approved.

7 Number

Student Name:		Z Number:	Date:
Degree:	Major:		
Master's Thesis Examination(s) Passed (if a	pplicable):	Written Examination:	Oral Examination:
Proposed Thesis Title: Please note: Avoid using wid in your title. Leave the use of any abbreviations, acronyms a	ely unknown abbreviand/or initials to the ma	ttions, acronyms and initials uin body of the thesis Date Passe	d Date Passed
Master's Thesis Committee: Each graduate graduate faculty or associate graduate faculty. have more stringent requirements. The full Grawww.fau.edu/graduate/faculty-and-staff/graduate/	One of the mem duate Faculty poi	bers shall serve as the chair (or two memb	tee composed of at least three members of the ers may serve as Co-Chairs). Departments may attend graduate faculty visit:
Master's Thesis Committee Chair o	r Co-Chairs:		
Chair (Print name) OR		Chair (Signature)	
Co-Chair (Print name)		Co-Chair (Signature)	
Co-Chair (Print name)		Co-Chair (Signature)	
Master's Thesis Committee Member	s (list all mer	mbers that are not serving as a ch	air or co-chair):
Member (Print name)		Member (Signature)	
Member (Print name)		Member (Signature)	
Member (Print name)		Member (Signature)	
Member (Print name)		Member (Signature)	-
Member (Print name)		Member (Signature)	
Master's Thesis Committee Appr	oval by Dep	artment, Academic College, an	d Graduate College:
Student (Signature)	Date	Student Email	
Department Chair or Designee (Signature)	Date	Department Chair or Design	nee Email
College Dean or Designee (Signature)	Date	Dean of the Graduate Colleg	ge or Designee (Signature)*
*Please submit completed form to graduatesu be emailed to the student and college designee			ire. A copy of the approved form will