



# THESIS OR DISSERTATION COMMITTEE SELECTION FORM

*(This form must be typed)*

Date

The following Thesis or Dissertation Committee appointments have been made for

*Student Name* *UCA ID #*  
 a potential candidate for the degree.

*Student's UCA email*

*Student's Phone#*

\* Minimum of 3 members for thesis and 5 members for dissertation. Consult the Thesis and Dissertation Guide for policies regarding the selection criteria of committee members.

<b>Name of Committee Chairperson</b>	Dept. or Affiliation	Graduate Faculty status type	Grad. Faculty expires (date)
Name of Committee Member	Dept. or Affiliation	Graduate Faculty status type	Grad. Faculty expires (date)
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Name of Committee Member	Dept. or Affiliation	Graduate Faculty status type	Grad. Faculty expires (date)

Graduate Program Director signature Date

Department Chair signature Date

Dean of the College signature Date

**Approved by**

\_\_\_\_\_ \_\_\_\_\_  
 Dean of the Graduate School signature Date