



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.

Name of Committee Chairperson	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)
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