



# Request to Serve on Thesis or Dissertation Advisory Committee

Date: \_\_\_\_\_ ID Number: \_\_\_\_\_ College: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Faculty Position: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_ ID Number: \_\_\_\_\_

Thesis/Dissertation Title: \_\_\_\_\_

Briefly state experience and qualifications:

**A CURRENT CURRICULUM VITAE (CV) MUST ACCOMPANY THIS FORM.  
ATTACH CV TO EMAIL AFTER SIGNING BELOW.**

**The Department and College have reviewed this person’s credentials and approve him/her to serve on the committee for the thesis/dissertation listed above.**

Thesis/Dissertation  
Advisor Signature:

Chair Signature:

College Dean Signature:

*Form must be submitted to the Office of Admissions, Records and Registration after electronic signatures are completed. Please ensure CV is attached to the generated email.*