

**Graduate School
UNIVERSITY OF ARKANSAS
119 Ozark Hall**

MASTER'S THESIS COMMITTEE

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

The Master's Thesis Committee is responsible for insuring that the thesis presented meets high academic standards and constitutes a significant contribution to the knowledge of the study area.

Master's Thesis Committee

All committee members must hold graduate faculty status of I or II.
(Please type or print **FULL NAME**. Example: Jane R. Doe.)

_____ **CHAIR***

Chair of the Committee*: _____ Date: _____
(signature)

Department Chair/Head: _____ Date: _____
(signature)

Approved: _____ Date: _____
Office of the Graduate Dean

This form is to be submitted to the Graduate School in duplicate as soon as the committee has been selected. The Graduate Dean must approve modifications in the membership of the appointed committee. Committee chairs cannot be removed without their written request.

Original: Graduate School
xc: Department/Degree Program