

CDB Thesis Committee Approval Request Form

I am willing to serve on _____ 's Advisory Committee
Graduate student name

Committee Member 1: _____
Print Name

CDB Faculty Member signature

Committee Member 2: _____
Print Name

CDB Faculty Member signature

Committee Member 3: _____
Print Name

CDB Tenured Faculty Member signature (may use affiliate)

Committee Member 4: _____
Print Name

Faculty Member outside CDB signature (may use affiliate)

Department

**NOTE: You must have a minimum of two tenured faculty members.
Original sheet to CDB office – give a copy to each committee member for their records.**

**Due in CDB Office, B107 CLSL no later than
5:00 PM on March 1.**