

Request for Approval of Thesis Committee

Name_____ KSU ID Number____

Email	Program			
Committee Member 1 - Chair				
Thesis Committee Chair Signature		Date		
Print Name	Program	Member's	Dept. Chair Signature	
Committee Member 2		.	•	
Thesis Committee Member Signature		Date		
Print Name Program		Member's Dept. Chair Signature		
Committee Member 3	<u> </u>			
Thesis Committee Member Signature		Date		
Print Name	ame Program		Member's Dept. Chair Signature	
Committee Member 4	-			
Thesis Committee Member Signature		Date		
Print Name	Program	Member's Dept. Chair Signature		
		<u>.</u>		
Signatures Candidate's Program Director			Date	
Candidate's Flogram Director			Date	
Candidate's Dept Chair (approving committee)			Date	
Graduate College Approval			Date	
- Sanda Concept Approved				