

Committee Information

M.S. Candidate: _____

Thesis Committee*

Chair: _____

Member: _____

Member: _____

Member: _____ **(optional)**

Approved by Advisor: _____ **Date:** _____

Approved by Graduate Program Director: _____ **Date:** _____

**In addition to the committee chairperson (M.S. advisor), two members from the EAB graduate program are required. An outside member is not required but is optional. (Please submit a CV of any outside committee member along with a complete mailing address.)*