

**College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana**

APPROVAL OF THESIS COMMITTEE

Name: _____ Student ID #: _____
Last First Middle

Department: _____

Degree Sought _____ M.A. _____ M.S. _____ Other _____ (Please specify)

Committee Members

Name (printed): _____

Signature: _____

Graduate faculty status expires: _____

Name (printed): _____

Signature: _____

Graduate faculty status expires: _____

Committee Chairperson

Name (printed): _____

Signature: _____

Graduate faculty status expires: _____

Date: _____

Approved: Department Chairperson:

Name (Printed) Signature Date

Approved: Academic Dean:

Name (Printed) Signature Date

Approved: College of Graduate and Professional Studies:

Name (Printed) Signature Date

Submit one copy of this form to the College of Graduate and Professional Studies.
Distribution: Committee Chairperson, College of Graduate and Professional Studies.
Revised 1/2003