



STEPHEN F. AUSTIN
STATE UNIVERSITY

James I. Perkins
College of Education

APPOINTMENT OF THESIS COMMITTEE

Student Name: _____

Campus ID (CID): _____

Major/Concentration: _____

Degree: _____

Student Signature: _____

Date: _____

Proposed Title of Thesis:

Typed Name:	Signature:	Academic Unit:	Rank:	Graduate Faculty Status:
_____ Name, Chair	_____	_____	_____	_____
_____ Name, Co-Chair <i>(if applicable)</i>	_____	_____	_____	_____
_____ Committee Member	_____	_____	_____	_____
_____ Committee Member	_____	_____	_____	_____
_____ Committee Member	_____	_____	_____	_____
_____ Graduate School Representative	_____	_____	_____	_____
_____ Program Coordinator	_____	_____	_____	_____
_____ Academic Unit Head	_____	_____	_____	_____
_____ Dr. Judy A. Abbott	_____	_____	_____	_____
_____ Dean	_____	_____	_____	_____

***** All committee members must hold approved Graduate Faculty Status *****

Email to PCOE Graduate Studies Coordinator at coegrad@sfasu.edu