

M.S. Form IIA

MEMORANDUM

Date: _____

To: Dr. Krystyna Aune
Dean, Office of Graduate Education
Spalding 360

From: NREM Graduate Program

Re: Thesis Committee Approval

Student's Name: _____ Student's ID #: _____

If any of the faculty listed are not on the graduate faculty, a petition should be attached to this form requesting they be included on the committee. The petition should detail why this individual is particularly appropriate for this committee as well as why graduate faculty are not available to serve. Attach a current Curriculum Vitae.

Type or Print Name

Signature

Chairperson

Student's Signature: _____ Date: _____

Approved by Graduate Chair Date: _____

Associate Dean ___ Approved ___ Disapproved Date: _____