

**STEP 4**

**REQUEST FOR APPROVAL OF FACULTY FOR  
THESIS COMMITTEE**

Date \_\_\_\_\_

**TO:** Dean of the Graduate School

**FROM:** \_\_\_\_\_  
Department Head (signature) Department

The following persons are recommended for appointment to the Examining Committee for

\_\_\_\_\_ who is a candidate for the \_\_\_\_\_ in the  
Student's Name Degree

\_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

TSU T# \_\_\_\_\_

Title of Thesis \_\_\_\_\_

\_\_\_\_\_

List of persons recommended:

Graduate Faculty Name (Please Type or Print)	Department
_____	_____
Thesis Advisor	
_____	_____
Committee Member	
_____	_____
Committee Member	
_____	_____
Graduate School Representative	

Action of Graduate Office:

( ) Approved \_\_\_\_\_ Dean, The Graduate School