TEXAS A&M UNIVERSITY CORPUS CHRISTI | ACADEMIC AFFAIRS

Master's Thesis Advisory Committee Appointment Form

Select a Program: Select a Program

Student's Name: _____ A#: _____

Student's Signature: _____ Anticipated Graduation Term/Year _____

Tentative Thesis Title/Topic:

We agree to serve as Thesis Advisory Committee Members for the student listed above.

Committee Chair Signature	Type Name	Department
Committee Co-Chair Signature (If applicable)	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Committee Member Signature	Type Name	Department
Program Coordinator Signature	Type Name	Department
Department Chair Signature	Type Name	Department

Complete this form. Upload to Grad Forms Submission to be routed for signatures. Form should be submitted before the start of data collection/creative activity. Committee members must have Graduate Faculty Status. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

For Graduate Education Use Only:

Graduate Faculty Status _____ Entered in Banner _____

Academic Advisor _____ Entered in Spreadsheet _____