

Department of Sociology and Anthropology
Marshall University
Thesis Advisory Committee Appointment

Student Name: _____

901#: _____

Date: _____

Abstract: (Briefly describe project proposal here or in attached document)

Proposed Committee Members

Name	Department	Signature
1. (Chair) _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing above, each of the faculty members agrees to serve on the Thesis Advisory Committee for the student named above.

Advisory committee members must be certified by their unit to participate in Graduate education.