



Graduate Student Thesis Research Topic and Committee Membership Form

Student Name: _____

Date Committee Formed: _____

Thesis Advisor: _____

Thesis Topic:

Name: _____

Department: _____

Email Address: _____

Office Location: _____ **Office Phone Number:** _____

Lab Location: _____ **Lab Phone Number:** _____

Name: _____

Department: _____

Email Address: _____

Office Location: _____ **Office Phone Number:** _____

Lab Location: _____ **Lab Phone Number:** _____

Thesis Committee Members and Contact Information

Name: _____

Department: _____

Email Address: _____

Office Location: _____ **Office Phone Number:** _____

Lab Location: _____ **Lab Phone Number:** _____

Name: _____

Department: _____

Email Address: _____

Office Location: _____ **Office Phone Number:** _____

Lab Location: _____ **Lab Phone Number:** _____

Name: _____

Department: _____

Email Address: _____

Office Location: _____ **Office Phone Number:** _____

Lab Location: _____ **Lab Phone Number:** _____

Signature of Thesis Advisor

This signature indicates that the student's Topic and Committee Member selections have been discussed and approved by the Thesis Advisor

Signature of Thesis Advisor