

# ME-PD THESIS COMMITTEE REQUEST FORM

<b>Student Name:</b>			
<b>ID Number:</b>			
<b>Mailing Address:</b>			
<b>Tentative Thesis Title:</b>			
<b>Registration</b>	<input type="checkbox"/> EFN 799 <input type="checkbox"/> C-I 799	<b>No. of Credits:</b>	<b>Semester:</b>

**The following faculty members have agreed to serve on my Thesis Committee:**

<b>CHAIR</b> Name:			
Department:			
Signature:			Date:

<b>MEMBER</b> Name:			
Department:			
Signature:			Date:

<b>MEMBER</b> Name:			
Department:			
Signature:			Date:

<b>MEMBER</b> (Optional)			
Department:			
Signature:			Date:

**APPROVAL:**

ME-PD Director	Date
DES Chair	Date
Associate Dean, CLS	Date

<b>Office Use Only:</b> Student Registered by: _____ Date: _____
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