## REPORT OF THESIS COMMITTEE COMPOSITION (RTCC)

Student Information				
Last Name	First Name	Middle Initial	Banner ID # (or last 4	4 digits)
Expected Graduation Semester	Tel#	Email Address	Academic Program	ı
Thesis Title				
	Thesis	Committee Guidelines		
POLICY NOTE: The Master's Thesis Major Professtudent has attempted 18 credit hour		member of the graduate faculty. The	deadline to solidify an advis	sor is when the
<ul> <li>Two (2) members who</li> <li>Committee can include no more</li> <li>Committee must be approved by</li> <li>Advisor/department chair submit</li> </ul>	o are <b>full</b> or <b>associat</b> than <b>one</b> member fi y graduate coordinat its RTCC Form to the fice of Research Cor		by the <b>end of the second se</b>	mester
Committee Member I	Name	Department	Sign and Date Below to Consent to Serve on Committee (ALL MUST SIGN)	
Major Professor / Commit	tee Chair		Signature	Date
l. 				
2.				
3.				
4.				

Department Chair or Graduate Coordinator (Print Name)

Department Chair or Graduate Date (Coordinator Signature

## GRADUATE COLLEGE USE ONLY BELOW THIS LINE

5.

Approval of Committee Members by the Graduate College:

Signature

Date