# Request for Thesis Committee

*Submit to the Graduate School by the end of the second semester of enrollment*

**Please note that this form is to be completed only by students preparing a thesis. For non-thesis option students, a Request for Thesis Committee should not be submitted. Please contact the Graduate School if you change to a non-thesis option after completing this form.**

Student name: _____

Mizzou ID number: _____

Academic Program: _____

Degree (i.e. MA,MS, etc.): _____ Major: _____

Proposed thesis title: _____

_____

## PROPOSED COMMITTEE MEMBERS:

(please print or type)

| Name | Academic Program | Email Address | GRADUATE SCHOOL USE ONLY Graduate Faculty | |
|---|---|---|---|---|
| | | | Yes | No |
| 1. _____ Chair | | | ☐ | ☐ |
| 2. _____ | | | ☐ | ☐ |
| 3. _____ Outside member | | | ☐ | ☐ |
| **Additional Members (optional)** | | | | |
| 4. _____ | | | ☐ | ☐ |
| 5. _____ | | | ☐ | ☐ |

I am aware that research involving human subjects (including surveys) requires Institutional Review Board (IRB) approval and that the Animal Care and Use Committee (ACUC) must review and approve most research dealing with animal subjects. I will comply with all current applicable MU regulations pertaining to research on human subjects or animals before and during all stages of my research.

_____ _____

Student signature Date Adviser signature Date

_____

Director of graduate studies Date

***The thesis advisory committee is approved.***

Graduate dean signature: _____ Date: _____