

FORM #3

THESIS COMMITTEE

(Student Name) _____

After being assigned to a faculty advisor, you are required to assemble your thesis committee and, prior to the end of your first semester at CWRU, submit this form to Professor Martin. List your research topic, and the names, departments and email addresses of faculty who will serve on your committee. Please review the guidelines for selection of committee members presented in the *Graduate Program* booklet. Each committee member should also sign this form, to indicate he/she agrees to serve on your committee. If researchers from outside the university wish to sit on your committee, they may serve as non-voting members. If it is necessary to change your committee membership at a later date, notify Professor Martin of the changes.

Research Topic: _____

Advisor(s): _____

Faculty Committee Members:

Name	Signature	Department	Email Address