

GPMSL Advisory Committee Approval Form

Please submit the Appointment of Committee Form and a brief one-page description of your Thesis Project along with this form.

Date: _____

Name: _____ Student ID: _____

Phone Number: _____ E-mail Address: _____

Degree Program (M.S., Ph.D., etc): _____ Major: _____

Thesis Title: _____

Committee Members	Employer	Position	Expectations*
Major Advisor:			

*Please provide a brief statement (1-2 sentences) of how each member will contribute to your program.