

APPOINTMENT OF MASTER'S THESIS COMMITTEE

The student's program must submit this form to the Office of Graduate Studies by the appropriate due date on the Graduate Candidates' Deadlines for the intended term of graduation; see the OGS website for dates.

The thesis committee must consist of at least three and not more than five faculty members. The chair of the thesis committee must be regular, full-time PSU instructional faculty, tenured or tenure-track, assistant professor or higher in rank; the other committee members may be adjunct and/or fixed-term faculty. Two of the committee members (the committee chair and one other member) must be from the student's department; the third member may be from the student's department or may be PSU faculty from another department or OHSU faculty. If it is necessary to go off campus for one additional committee member with specific expertise not available among PSU faculty, a CV for that proposed member must be presented with the GO-16M form; that member must be in addition to the required three PSU faculty members. All committee members must have master's degrees or higher.

The student must deliver a final draft of the thesis to all members of the approved committee no fewer than 14 days before the thesis defense.

Students must be registered for a minimum of 1 graduate credit in the term they are defending their thesis.

THE THESIS COMMITTEE MUST BE APPROVED BY THE OFFICE OF GRADUATE STUDIES BEFORE THE FINAL DEFENSE.

Any committee changes, for any reason, must be approved in advance by the Office of Graduate Studies.

Name _____ PSU ID# _____

PSU E-mail (print clearly) _____ Daytime phone _____

Degree _____ Major _____

If degree is MA/MAT, second language requirement must be met before this form can be approved. Language: _____

Thesis title or topic _____

Will Human Subjects be involved in any way? Yes No (must select one) If yes, HSRRC approval **MUST** be attached.

Estimated date of defense _____ Do not schedule defense without OGS approval of this form.

COMMITTEE MEMBER

DEPARTMENT

Chair:	_____	_____
	_____	_____
	_____	_____
	_____	_____

NO THESIS DEFENSE SHALL BE VALID WITHOUT A THESIS COMMITTEE APPROVED BY THE OFFICE OF GRADUATE STUDIES.

_____	_____	_____
Thesis Chair (printed name)	Thesis Chair (signature)	Date
_____	_____	_____
Department Chair (printed name)	Department Chair (signature)	Date

Graduate Studies approval

Dean of Graduate Studies _____ Date _____