

Appointment of Thesis Committee

(also to be used for Change of Committee)

Date: _____

Please Check one: Appointment of Committee Change of Committee

Name: _____ Student ID#: _____

Phone number: _____ Email address: _____

Committee Membership Signatures	Please Print Name:
Thesis Chair:	

Student's Signature	Date:
*Advisor's Signature	Date:
Master of Arts in Psychology Program Coordinator's Signature	Date:

For each committee member who is not a regular or community faculty member at Metropolitan State University, please attach a current resume (with mailing address and contact information) and Social Security Number for payment purposes. Return original to the Psychology Department.

***Please get your current advisor's signature to indicate that they are aware of any changes in their advising load. Upon submittal of this form, the Thesis Chair becomes the advisor for the student.**