

**Graduate School  
UNIVERSITY OF ARKANSAS  
119 Ozark Hall**

**MASTER'S THESIS COMMITTEE**

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Degree Program: \_\_\_\_\_

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The Master's Thesis Committee is responsible for insuring that the thesis presented meets high academic standards and constitutes a significant contribution to the knowledge of the study area.

**Master's Thesis Committee**

All committee members must hold graduate faculty status of I or II.  
(Please type or print FULL NAME. Example: Jane R. Doe.)

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Chair of the Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*

Department Chair/Head: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Office of the Graduate Dean

This form is to be submitted to the Graduate School in duplicate as soon as the committee has been selected. The Graduate Dean must approve modifications in the membership of the appointed committee. Committee members cannot be removed without their written request.

Original: Graduate School  
xc: Department/Degree Program