



Request for Dual Master's Degree Thesis Committee

(Submit to the Graduate School by the end of the semester)

Student name: _____ Mizzou ID number: _____

Thesis will meet degree program requirements for:

First degree-academic program: _____

Second degree-academic program: _____

Both degree programs-first academic program: _____

Second academic program: _____

FIRST DEGREE PROGRAM COMMITTEE MEMBERS (Please print or type)

	<u>Name</u>	<u>Academic program</u>	GRADUATE SCHOOL USE ONLY	
			Graduate Faculty YES	NO
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Chair			
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Outside member			
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Additional member (optional)			

Adviser's signature

Date

Dir. Of graduate studies' signature

Date

SECOND DEGREE PROGRAM COMMITTEE MEMBERS

	<u>Name</u>	<u>Academic program</u>		
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Chair			
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Outside member			
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Additional member (optional)			

Adviser's signature

Date

Dir. Of graduate studies' signature

Date

Student's signature/Date _____

Thesis Committee Approved: _____

Graduate dean's signature

Date