

THESIS COMMITTEE FORM

NAME _____

GATEWAY _____

GENRE _____

SEMESTER OF GRADUATION _____

THESIS MUST BE ACCEPTED ON OR BEFORE (DATE): _____

ORAL DEFENSE MUST BE COMPLETED ON OR BEFORE (DATE): _____

COMMITTEE MEMBERS

DIRECTOR NAME _____ GATEWAY _____

DIRECTOR SIGNATURE _____

READER NAME _____ GATEWAY _____

READER SIGNATURE _____

READER NAME _____ GATEWAY _____

READER SIGNATURE _____

ADDITIONAL READER NAME
(IF APPLICABLE) _____ GATEWAY _____

ADDITIONAL READER SIGNATURE _____

APPROVAL

NEOMFA CAMPUS COORDINATOR _____

DATE _____

CC: NEOMFA PROGRAM DIRECTOR