

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