

## Alabama State University THE HAROLD LLOYD MURPHY GRADUATE SCHOOL P.O. Box 271 Montgomery, AL 36101

## THESIS COMMITTEE MEMBERSHIP FORM

## TO: Dean of The Murphy Graduate School

FROM: \_\_\_\_\_\_(Name) Dept. Chair/Graduate Program Coordinator DATE:

The faculty members listed below meet the Murphy Graduate School's requirements for serving on a thesis committee and have agreed to serve for the student listed below:

Name of Student

SID

## **Committee Members**

Print Name	Signature of Chair	Date
Print Name	Signature, Member	Date
Print Name	Signature, Member	Date
Print Name	Signature, Member	Date

Approved: