



Appointment of Thesis Advisory Committee

Department of Chemistry
Indiana University-Purdue University Indianapolis

Instructions to the Student

After consultation with your thesis advisor, choose two additional faculty member to serve on an advisory committee. If your major is in an area other than that of your advisor, these two must be in your area.

Student Name (please print): _____

Student Signature: _____

Major Area: _____

NOTE: At least two members of your committee must be from your major area.

Instructions to Committee Members

Please sign below if you agree to serve on the above-mentioned student's thesis advisory committee.

Committee member signature: _____ Date: _____

Committee member signature: _____ Date: _____

Instructions to the Thesis Advisor

Please sign below if you approve of the constitution of the above-named student's thesis advisory committee. Please return this form to the Graduate Advisor prior to:

November 15 (fall admission) April 1 (spring admission)
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Thesis Advisor Signature: _____ Date: _____