

**Part I. Thesis Advisory Committee**

Submit this form (PDF) as attachment to the Director of the IBD Graduate Program Committee

Please Check One:

☐ Initial Committee Formation      ☐ Revision to Committee

This form must be submitted and approved before a student enrolls in thesis hours. This form must be resubmitted for review and approval any time changes are made to the committee membership.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Banner ID: \_\_\_\_\_ WCSU Email: \_\_\_\_\_  
Enrolled in program:      FALL                  SPRING      Student signature: \_\_\_\_\_  
                                 SUMMER      YEAR: 20 \_\_\_\_\_      Date: \_\_\_\_\_

**The Thesis Advisory Committee must contain the following:**

- Chair (*WCSU IBD Graduate Faculty member*).
- Minimum of two committee members (*Two must be IBD Graduate Faculty; One must be a full-time WCSU faculty member*).
- Outside members (optional) must hold MS or equivalent degree or higher.

By signing this form, committee members acknowledge they have been informed that they should not have any personal or business (including non-WCSU employment) arrangements with the student that may pose a conflict of interest.

		Name	Title	Signature	Date	IBD Faculty
REQUIRED	Committee Chair					
	Member					
OPTIONAL	Member					
	Member					
	Member					

**MS IBD Graduate Program Thesis Committee Approval\***

IBD Director: Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: An approved Thesis Committee is required prior to enrollment in continuing thesis credits (BIO 592).

**Comments:**

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## Part II. Thesis Proposal Approval

By signing this form, thesis committee members acknowledge they have had the opportunity to review the student's thesis proposal and approve its content.

		Name	Title	Signature	Date
REQUIRED	Commtee Chair				
	Member				
OPTIONAL	Member				
	Member				
	Member				

Please submit the committee-approved thesis proposal along with this form to the IBD Graduate Program Director.

### MS IBD Graduate Program Thesis Proposal Approval\*\*

IBD Director: Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*NOTE: An approved Thesis Proposal is required prior to enrollment in continuing thesis credits (BIO 592).

**Comments:**