Northern Illinois University

Thesis Committee Approval Form

Student _____ Z-ID _____

Email address _____

Program _____ Department _____

Recommended committee members:

☐ Chair ☐ Co-Chair	Grad Faculty Status	Department	Signature
☐ Co-Chair ☐ Member	Grad Faculty Status	Department	Signature
Member	Grad Faculty Status	Department	Signature
Member	Grad Faculty Status	Department	Signature
Member	Grad Faculty Status	Department	Signature

Approvals

_____ _____
Signature, Department Chair Date

_____ _____
Graduate School Date

***NOTE**: At least three voting committee members are required, a majority of whom must be members of the graduate faculty in the student's academic department. Members of the graduate faculty classified as Provisional or Graduate Faculty Scholars may serve as committee members or co-chairs.*