

## Master's Thesis Committee Approval

Student name \_\_\_\_\_ People Soft # \_\_\_\_\_ Pitt email address \_\_\_\_\_

Proposed Master's Thesis Title:

---

---

**Committee members should be selected early in the formulation of the thesis project. The student should contact the proposed committee members, discuss the thesis topic, and obtain their consent to serve on the committee.**

***Committee Advisor/Chair:***

In consultation with an academic advisor, the student will need to select a research mentor to serve as the Thesis Committee Advisor/Chair. The Advisor/Chair must have a faculty appointment within the Department and have expertise and research experience in the area of investigative study. If the Advisor/Chair is an adjunct member of the Department, they would be a co-advisor with a regular Department faculty member.

**Committee Members:** The committee will consist of University of Pittsburgh faculty members, the # of members depend on the department.

In consultation with the Thesis Advisor/Chair, the student selects 2 members (3 for CSD):

- At least 1 (2 for CSD) member(s) must be a SHRS faculty member from within the student's department.
- At least 1 committee member must be a regular (not adjunct) member of the SHRS Graduate Faculty.
- If required a 3rd committee member may be from within the department, SHRS or the University.
- Additional members from outside the University are allowed (serving as non-voting members), but not required, and would be in addition to the 2 or 3 University of Pittsburgh faculty members. (names can be added on back of the form)

### **Committee Members (by signing this you are agreeing to be apart of this committee)**

---

<b>Thesis Advisor/Chair</b> (printed name and signature)	Date	Dept/Affiliation	SHRS Grad Faculty? (Y/N)
--	------	------------------	--------------------------

---

<b>Member</b> (printed name and signature)	Date	Dept/Affiliation	SHRS Grad Faculty? (Y/N)
--	------	------------------	--------------------------

---

<b>Member</b> (printed name and signature)	Date	Dept/Affiliation	SHRS Grad Faculty? (Y/N)
--	------	------------------	--------------------------

---

<b>Member</b> (printed name and signature)	Date	Dept/Affiliation	SHRS Grad Faculty? (Y/N)
--	------	------------------	--------------------------

---

The thesis committee listed above is approved and the student may proceed to prepare and defend the Master's Thesis Prospectus.

---

**Department Chair**

**Date**

Students will email the program director, Mrs. Laura Martin, and their thesis advisor the general information in this form for review. Then, the form will be completed via docusign, provided to the SHRS Administrator of Student Services, and placed in the student departmental file.