

Request for Thesis Committee

(Submit to the Program Director three months before registering for HLAD 8111 Graduate Thesis)

Student Name: _____

GSU ID: _____

Expected Graduation Date: _____

Proposed Thesis Title: _____

PROPOSED COMMITTEE MEMBERS:

	Name	Title	Program	Program Director Use Only	
				Yes	No
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Chair				
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Member				
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Member				
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Member				

By submitting this form I understand that I need to get Institutional Review Board (IRB) approval if my research involves human subjects. I will comply with all applicable GSU regulations pertaining to research on human subjects before and during all stages of my research.

Student signature

Date

Program director signature

Date