



Thesis Advisory Committee Form

Please Check One:

- Initial Committee Formation Revision to Committee

This form must be submitted before a student enrolls in thesis hours. A hold will be placed on the student's record preventing future registration for thesis hours until this form is submitted.

The Committee must contain the following:

- Minimum of three committee members (*All must hold Graduate Faculty or Graduate Faculty Scholar appointments*)
- Chair (Full or Associate Graduate Faculty member)
- Majority must be Full or Associate Graduate Faculty members

STUDENT INFORMATION

Last Name: _____ First Name: _____

Personal ID (PID): _____ Email: _____@knights.ucf.edu

Degree Program/Track: _____

By checking this box, I acknowledge that this student's program of study is accurately updated on the degree audit. (A copy of the degree audit must be attached to this form.)

By checking this box, I acknowledge that it has been verified that the graduate faculty members listed below do not have any personal or financial (including employment) arrangements with the student that may pose a conflict of interest.

Program, Chair or Director Signature: _____ Date: _____

Print Name: _____ Email: _____

The following individuals agree to serve on this thesis committee (*Please indicate if a member is also a co-chair*):

Committee	Co-Chair?	Printed Name	Emplid (PID)	Department/School	Graduate Faculty Standing			
					Full	Associate	GF Scholar	
Required	Chair				<input type="checkbox"/>	<input type="checkbox"/>		
	Chair Email: _____							
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved by College of Graduate Studies: _____ Date: _____

Submit this form (in PDF) as attachment to gradcommittee@mail.ucf.edu