Committee Approval Form

School of Graduate Studies

This form will become part of a student's file in the Graduate School. It is to be completed prior to the beginning of a student's master's degree exit option or doctoral dissertation process and forwarded to the Graduate School for approval.

WIU ID No.:		
Student's name (Last, First, Middle/Maiden):		
Current address:		
Telephone number:	Program:	
Recommendations for exit option or dissertation committee	e (must have a minimum of 3 committee members plus cha	ir):
Exit Option or Dissertation Chair:		
Committee member:		
Committee member:		
Committee member (Dissertation only):		
SIGNATURES Student:	Date:	
	ation also available electronically through Western Illinois	3 University
Graduate Adviser/Program Coordinator:	Date:	
Exit Option or Dissertation Chair:	Date:	
Department Chair:	Date:	
College Dean (Dissertation only):	Date:	
Director of Graduate Studies:	Date:	

Please submit Request to Change Committee Approval form if changes are needed.



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