**THESIS/INTERNSHIP COMMITTEE SELECTION**

**Departmental Form**

***The deadline to submit this form is by the 8th week of the second semester of the program.***

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1. **For Student**

Program Starting Date (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R Number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Master’s Thesis / Internship Committee: (**3 members**)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **For Committee Members**

1. Advisor (chair): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing the above form, each member agrees to take active part in the progress of the thesis/internship project and work alongside chair of the committee into overseeing progress of the mentioned student.

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1. **Graduate Program Director’s Approval**

Graduate Program Director’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_