COMMUNICATION AND DISORDERS
Master's Thesis Committee Approval

Student name: ___________________ People Soft # __________ Pitt email address: ________________

Proposed Master’s Thesis Title:
_____________________________________________________________________________________
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_____________________________________________________________________________________
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Committee Members

**Thesis Advisor:** (printed name and signature)  Date: __________  Dept/Affiliation: __________  SHRS Grad Faculty? (Y/N)

**Member:** (printed name and signature)  Date: __________  Dept/Affiliation: __________  SHRS Grad Faculty? (Y/N)

**Member:** (printed name and signature)  Date: __________  Dept/Affiliation: __________  SHRS Grad Faculty? (Y/N)

**Member:** (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 Dissertation Proposal.

**CSD Department Chair**

Submit this completed form to: SHRS Administrator of Student Services, 4022 Forbes Tower, with copies returned by the Thesis Advisor, and the student.

August 2017