

COMMUNICATION AND DISORDERS
Master's Thesis Committee Approval

Student name: _____ People Soft # _____ Pitt email address: _____

Proposed Master's Thesis Title:

Committee Members

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