

REQUEST FOR MASTER'S THESIS COMMITTEE AND TOPIC APPROVAL

ID#:	<input style="width: 95%;" type="text"/>	E-mail:	<input style="width: 95%;" type="text"/>
FirstName	<input style="width: 95%;" type="text"/>	LastName	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		
City	<input style="width: 15%;" type="text"/>	State	<input style="width: 10%;" type="text"/>
	Zip Code	<input style="width: 25%;" type="text"/>	
Country	<input style="width: 95%;" type="text"/>		
	Major Area:	<input style="width: 95%;" type="text"/>	
	Date:	<input style="width: 95%;" type="text"/>	

Title

Description

Type	Type of Thesis methodology
Documentary	
Evaluation	
Measurement	
Qualitative	
Statistics	

Committee

THIS COMMITTEE WILL ASSIST THE STUDENT IN THE THESIS WRITING STAGE AND THROUGH THE ORAL DEFENSE

Members must meet the following criteria

- * one or more familiar with the content (literature)
- * one or more familiar with the methodology
- * two of the 3 members from full time AU faculty at the appropriate category
- * at least one member from the School of Education
- * third member may be from AU graduate faculty at the appropriate category or a person outside AU with a scholarship record equivalent AU appropriate category.

Chair

Content Expertise	Methodology Expertise
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Committee Members Signature

APPROVED

Department Chair _____

Date

Dean, School of Education _____

Date