

JACKSON STATE UNIVERSITY

Division of Graduate Studies

Committee Approval Form

It is established policy that the student selects his/her advisor with consent of the department chair. The advisor assists the student in the formation of a committee: (1) A dissertation committee consists of five graduate faculty members, (2) A master's thesis or project committee consists of three graduate faculty members. (3) External members of a committee must be members of the Jackson State University graduate faculty. This form constitutes a student's committee and documents approval of the student's research proposal by the student's committee. The signature of each committee member validates their approval of the proposal.

To the student, please complete all of the "typed" areas prior to printing the form and obtaining the necessary signatures.

Name: _____ J Number: _____
Address: _____
City, State, Zip Code: _____
Committee: (select one) **Dissertation** ☐ **Ed.S.** ☐ **Ed.S. Project** ☐ **Masters' Thesis** ☐ **Masters' Project** ☐
Degree: _____ Major: _____
Title: _____

Committee Approval and Signatures

We have read this proposal for significance, methodology, sources of data, compliance with IRB/IACUC regulations and recommend its approval.

We agree to serve on this committee in accordance with the policies of the department/program, college, and the Division of Graduate Studies.

Committee Chair: _____	Academic Advisor: _____
Typed Name: _____	Typed Name: _____
Date: _____	Date: _____

Committee Member: _____	Committee Member: _____
Typed Name: _____	Typed Name: _____
Date: _____	Date: _____

Committee Member: _____	External Member: _____
Typed Name: _____	Typed Name: _____
Date: _____	Date: _____

Approval by the Department/Program and College

We have read this proposal for compliance with the policies of the department/program, college, Division of Graduate Studies and recommend its approval.

Department Chair: _____	College Dean: _____
Typed Name: _____	Typed Name: _____
Date: _____	Date: _____

Dean of the Division of Graduate Studies: _____
Typed Name: _____
Date: _____