Alabama State University
THE HAROLD LLOYD MURPHY GRADUATE SCHOOL
P.O. Box 271
Montgomery, AL 36101

THESIS/DISSERTATION COMMITTEE MEMBERSHIP FORM

TO: **Dean of The Murphy Graduate School**

FROM: _____**(Name)**
Dept. Chair/Graduate Program Coordinator

DATE: _____

The faculty members listed below meet the Murphy Graduate School's requirements for serving on a thesis committee and have agreed to serve for the student listed below:

_____ _____
Name of Student **SID**

Committee Members

_____	_____
Print Name	Signature of Chair Date
_____	_____
Print Name	Signature, Member Date
_____	_____
Print Name	Signature, Member Date
_____	_____
Print Name	Signature, Member Date

Approved:

_____
Dean, The Murphy Graduate School Date