



Department of Geological Sciences  
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Office Use Only  
Date Received: \_\_\_\_\_

### Thesis Committee Approval Form

Date \_\_\_\_\_

- New Thesis Committee
- Change to Existing Committee

<b>Student Name:</b>	
<b>CWID #:</b>	

Student signature \_\_\_\_\_

**Committee members signing below agree that they agree to serve on this student's Thesis Committee.**

Faculty Advisor \_\_\_\_\_  
signature \_\_\_\_\_

Committee Member \_\_\_\_\_  
signature \_\_\_\_\_

Committee Member \_\_\_\_\_  
signature \_\_\_\_\_

4<sup>th</sup> Committee Member (optional) \_\_\_\_\_  
signature \_\_\_\_\_

*Distribution: Student File; Grad Advisor*