DEPARTMENT OF THEATRE
GRADUATE THESIS COMMITTEE FORM

NAME_____DATE_____

ANTICIPATED DATE for DEGREE COMPLETION_____

THESIS TOPIC (submit a paragraph discussing thesis topic and its significance):

COMMITTEE MEMBERS

1._____	_____	_____
Thesis Director – Name printed	Signature	Date
2._____	_____	_____
Member – Name printed	Signature	Date
3._____	_____	_____
DGS or Rep – Name printed	Signature	Date