



C A L S T A T E
FULLERTON

Department of Geological Sciences
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Office Use Only
Date Received: _____

Masters Thesis Committee Form

Date _____

- New Thesis Committee
- Change to Existing Committee

Student Name:	
CWID #:	

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 _____

4th Committee Member (optional) _____
 signature _____

Distribution: Student File; Grad Advisor