

# Appalachian State University Graduate School

## Thesis Committee Membership Form

A committee consists of a Chair and at least two additional graduate faculty committee members. At most, one of three members may be from outside the major unit/program. This form should be submitted via email to [thesis@appstate.edu](mailto:thesis@appstate.edu)  
All committee members should be CC'ed on the email, all signatures (committee members & department chair) must be present.

We, the undersigned, agree to serve as members of the Committee of:

NAME:

BANNER ID:

MAJOR:

who is **RECOMMENDED FOR ADMISSION TO CANDIDACY** and has successfully defended a prospectus titled:

### RESEARCH COMPLIANCE—Check all that apply:

1. The research involves human subjects\*    Y        N        IRB number\*\* and submission date:

\*any data collected from, or interaction with, people as subjects, including surveys, interviews, etc.

\*\*If IRB approval has been granted, attach a copy of the approval letter. If IRB approval is pending, attach signed Attestation form

2. The research involves experimental animals\*    Y        N        IACUC number and submission date:

\*any work with vertebrate animals in research or teaching

3. The research involves international collaborations or travel (export controls briefing may be required)    Y        N

4. The research involves chemicals, biological samples or agents, ionizing or non-ionizing radiation, or nano-materials (compliance reporting may be required)    Y        N

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**COMMITTEE CHAIR:** *I agree to serve as chair of the committee and to provide mentorship on the thesis/dissertation process.*

Printed Name (cannot be affiliate graduate faculty)

Signature of Committee Chairperson

Date

1. As Chair, I attest the student has successfully defended the prospectus.    Y        N

### COMMITTEE MEMBERS (minimum 2):

Date of Prospectus Defense

Printed Name

Signature of Committee Member

Date

Printed Name

Signature of Committee Member

Date

Printed Name

Signature of Committee Member

Date

**DEPARTMENT APPROVAL:** *I recommend the appointment of the above Thesis/Dissertation Committee*

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Printed Name & Signature - Department Chairperson or Designee

Department

Date

### GRADUATE SCHOOL APPROVAL:

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Dean of the School of Graduate Studies

Date