

# Appalachian State University Graduate School Thesis/Dissertation Committee Membership Form

**The Committee consists of a Chair and at least two additional committee members, all members of the graduate faculty; at most one of three members may be from outside the major unit/program.**

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 developed the **attached acceptable prospectus or outline** entitled:

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

**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 of Graduate Faculty Expiration

**COMMITTEE MEMBERS (minimum 2):**

\_\_\_\_\_  
Printed Name    Signature of Committee Member                                  Date of Graduate Faculty Expiration

\_\_\_\_\_  
Printed Name    Signature of Committee Member                                  Date of Graduate Faculty Expiration

\_\_\_\_\_  
Printed Name    Signature of Committee Member                                  Date of Graduate Faculty Expiration

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

\_\_\_\_\_  
Printed Name & Signature - Department Chairperson or Designee (NOTE: Chairperson MUST sign signature pages for final manuscript submission)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**GRADUATE SCHOOL APPROVAL:**

\_\_\_\_\_  
Dean of Research and Graduate Studies

\_\_\_\_\_  
Date