

Declaration of M.A. Committee

Date _____

Student Name: _____

Degree Track (Thesis, Non-Thesis, Public History): _____

Expected Semester of Graduation: _____

The signatures below signify that each faculty member agrees to serve on the student's M.A. committee.

Chair of Committee: _____

Signature: _____

Date: _____

Committee Member: _____

Signature: _____

Date: _____

Committee Member: _____

Signature: _____

Date: _____

Graduate Coordinator: _____

Date: _____