APPENDIX A

TO: Associate Dean, Academic Affairs

FROM: _____
(Student's name)

RE: THESIS/ORAL EXAMINATION COMMITTEE

The following have agreed to serve on my thesis committee:

Chairman _____

Member _____

Member _____

Reader (Optional) _____

Reader (Optional) _____

Thesis Title: _____

Please include the address where these persons may be reached if participants are not School of Nursing faculty.
Reminder: A copy of the title page, abstract and bound thesis must be submitted to the Office of Student Affairs prior to graduation.

_____ _____
Associate Dean, Academic Affairs Date

APPENDIX B

TO: Associate Dean, Academic Affairs

FROM: _____
(Student's name)

RE: ORAL EXAMINATION COMMITTEE FOR NON-THESIS STUDENTS

The following have agreed to serve on my oral examination committee:

Chairman _____

Member _____

Member _____

Reader (Optional) _____

Reader (Optional) _____

Project Title: _____

Please include the address where these persons may be reached if participants are not School of Nursing faculty.
Reminder: A copy of the title page, the completed project, and a one page summary of the content and research activities must be submitted to the Office of Student Affairs prior to graduation.

_____ _____
Associate Dean, Academic Affairs Date