Department of Geography and Geoinformation Science
College of Science

4400 University Drive, MS 6C3, Fairfax, Virginia 22030
Phone: 703-993-1210, Fax: 703-993-9299

MASTERS THESIS COMMITTEE DESIGNATION FORM

MS-ESS ☐ **MS-GECA** ☐ **MS-GEOINT** ☐

The student must form a committee of three including at least two full-time GGS faculty members, one of whom must be the committee chair. The student can request a faculty member other than his/her original advisor to supervise the thesis. A third faculty member, either from GGS, another local academic unit (department, institute, or center), or from outside the university must be added to complete the committee. This person must be a member of the graduate faculty. Those who are not members of the graduate faculty or other appropriate persons not affiliated with GMU may serve as a fourth member if approved by the committee chair. The committee must be approved by the Committee Chair, the Degree Coordinator, the GGS Graduate Coordinator or Departmental Chair, and the Associate Dean of the College of Science.

New: _____ **Revised:** _____ **Date:** _____

STUDENT NAME: _____ **G#** _____

Are you registered this semester?: _____ **If not, last semester registered:** _____

Home Address: _____

Telephone: _____ **GMU E-mail:** _____

If this is a revision, provide the nature of, and reason for, the revision: _____

_____

_____

Thesis Committee

_____ _____
MEMBER & AFFILIATION (SIGNATURE)

_____ _____
MEMBER & AFFILIATION (SIGNATURE)

_____ _____
MEMBER & AFFILIATION (SIGNATURE)

_____ _____
COMMITTEE CHAIR & AFFILIATION (SIGNATURE)

Proposed Thesis Topic:

_____

_____

Scheduled or Tentative Thesis Defense Date: _____

Student: _____ **Date:** _____
(SIGNATURE)

Submit this form to the GGS Department Office for final approval and processing to COS. You may not register for 799 until you have submitted the Masters Thesis Proposal Defense Form.

Degree Coordinator: _____ **Date:** _____
(SIGNATURE)

GGS Grad Coord/Dept Chair: _____ **Date:** _____
(SIGNATURE)

Associate Dean, COS: _____ **Date:** _____
(SIGNATURE)