APPROVAL OF HPEB THESIS COMMITTEE

Student Name:	VIP ID:
Please type the name of each member of your t include at least three members, with two or more from outside the department.	
	Chair (HPEB)
	Member (HPEB)
	Member
	Member
	Outside Member
**************	*******
Approval:	
Thesis Chair/ Director	Date
HPEB Academic Advisor (if not Chair/Dire	ector) Date
HPEB Graduate Director	 Date

Please return completed form to Casey Goldston-Giraudy.