FLORIDA AGRICULTURAL AND MECHANICAL UNIVERISTY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

THESIS/DISSERTATION RESEARCH PROJECT APPROVAL FORM

NAME OF STUDENT_____
LAST FIRST MIDDLE

ID: _____ TELEPHONE_____

ADDRESS: _____ VI _____
STREET CITY STATE ZIP CODE

DEGREE SOUGHT _____ MAJOR DISCIPLINE _____

TITLE OF THESIS/DISSERTATION RESEARCH PROJECT

_____

_____

TOTAL THESIS/DISSERTATION CREDIT HOURS APPROVED: _____

ESTIMATED SEMESTER AND YEAR OF COMPLETION: _____

COMMITTEE APPROVALS*

CHAIR:

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

MEMBERS:

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

Professor
NAME SIGNATURE POSITION DISCIPLINE DATE

COLLEGE/SCHOOL APPROVAL:

DEAN_____ Agriculture and Food Scie _____
NAME SIGNATURE COLLEGE/SCHOOL DATE

GRADUATE SCHOOL APPROVAL:

GRADUATE DEAN_____
NAME SIGNATURE DATE

***The Committee must have at least three members for the master's degree and four for the Ph.D. degree and all of them must be members of the graduate faculty at Florida A&M University.**

REVISED 5/14/15