

**Please Note: This form should be sent to the The Graduate School before the student begins work on the thesis.**

## **THE GRADUATE SCHOOL**

EXAMINING COMMITTEE FOR THE MASTER’S-DEGREE THESIS – Responsibility for examining the quality of a master’s-degree thesis rests with a committee composed of three or four members of the West Chester University faculty. Each thesis committee must be approved by the Dean of The Graduate School in advance of commencement of the thesis research effort. Committee membership includes the director of thesis and two or three additional members. Each committee member has a vote to approve or disapprove a thesis. In order for the thesis to be considered approved, no more than one negative vote can be registered, and the thesis director must vote in the affirmative. In academic disciplines where the practice is to require a unanimous affirmative vote of the examining committee, this standard must be met in order for the thesis to be considered approved. The director of the thesis must be a faculty member of the department or program of study of the student presenting the thesis. At least one other committee member must also be a faculty member of the department or program of the student. A qualified individual approved by the thesis director, from a different department or from outside the University may serve on the committee as a third or fourth member. Normally, two faculty members from the student’s department or program plus the Thesis Director will comprise the examining committee. Permanent part-time faculty members may serve on thesis examining committees and serve as thesis director. Temporary faculty members may be approved for committee membership but may not serve as thesis director.

### **REQUEST FOR APPROVAL OF MASTER’S DEGREE THESIS EXAMINING COMMITTEE**

Current Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ WCU ID# \_\_\_\_\_

Date of Thesis Examination: \_\_\_\_\_

Tentative Title of Thesis: \_\_\_\_\_

Signature \_\_\_\_\_ of \_\_\_\_\_ Thesis \_\_\_\_\_ Director: \_\_\_\_\_  
Institution: \_\_\_\_\_ Department/Program/

Committee Member Signature: \_\_\_\_\_  
Department/Program/Institution: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_  
Department/Program/Institution: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_  
Department/Program/Institution: \_\_\_\_\_

Coordinator of Graduate Study Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_ (Dean of  
The Graduate School must provide a response within three weeks)