



Department of Geography and Geoinformation Science  
College of Science

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Phone: 703-993-1210, Fax: 703-993-9299

**MASTERS THESIS COMMITTEE DESIGNATION FORM**

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)