

# Thesis/Project Committee Request Form



Washington University of Virginia

## Graduate School

This Form must be completed and returned to the Office of the Graduate School/Office of Academic Affairs.  
**Committee members must be approved Ph.D. graduate faculty.**

Student's Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Last Family Name First Given Name

Degree Program  Th.M  D.Min  D.Miss

Major/Program Area: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We agree to serve as D.Min Project/Research Committee members for the student listed above.

**Committee members**  
(Name and Departments)

**Signatures**

**Date**

\_\_\_\_\_  
Committee Chair / Dissertation Advisor

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

## Approved by:

\_\_\_\_\_  
DMin Program Director name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Graduation School name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date