The University of North Carolina at Chapel Hill School of Nursing

Master's Paper/Thesis Committee Composition Form

Student Name: _____

Select one: ☐ Master's Paper ☐ Thesis **Expected date of graduation**: _____

Is the Master's Paper: ☐ Individual Effort

☐ Involves the effort of two students:

If two students are on committee, put name of second student: _____

Proposed topic/area: _____

_____

The following faculty have agreed to serve on the committee:
*(please print NAME and TITLE.)***:**

			OAA Use Only	
			GF	**GF Appt Requested**
_____			☐	☐
Chair of Committee (NAME and TITLE)	SIGNATURE	DATE		
_____			☐	☐
Committee Member (NAME and TITLE)	SIGNATURE	DATE		
_____			☐	☐
Committee Member (NAME and TITLE)	SIGNATURE	DATE		
_____			☐	☐
Committee Member (NAME and TITLE)	SIGNATURE	DATE		

**If a committee member does not have a graduate faculty appointment, please attach a vita for that committee member. A graduate appointment will be requested from the Graduate School.*

Submit this form to the Office of Academic Affairs
Suite 1000, Carrington Hall

You and your chair will receive a signed copy of this form from the Director of Master's Programs when your committee is approved. The committee composition form must be submitted and approved *prior* to completion of the proposal.

No master's paper/thesis may go forward to IRB until all committee members have approved the activity and signed the *Master's Paper/Thesis Proposal Defense Form***.** There are different requirements for master's paper and thesis endeavors. Please review these carefully in the most current editions of the *SON Student-Faculty Handbook* and the *UNC-CH Graduate School Handbook.*

(Office of Academic Affairs Use Only)

☐ **Approved**

☐ **More information is needed for approval:** _____

☐ **Not approved:** _____

_____

Signature, Director of Master's Programs **DATE**