

COMMITTEE (THESIS/DISSERTATION) APPROVAL FORM
Department of Sociology

We, the undersigned members of the Graduate Faculty of Georgia State University, have agreed to serve on the thesis/dissertation committee of:

Student: _____ ID#: _____

Check One: ___Dissertation ___Thesis

Tentative Thesis/Dissertation Title:

Signatures:

Chair: _____ Date: _____
Printed Name: _____

Member: _____ Date: _____
Printed Name: _____

Member: _____ Date: _____
Printed Name: _____

Member: _____ Date: _____
Printed Name: _____

Member: _____ Date: _____
Printed Name: _____

Approved: _____ Date: _____
Director of Graduate Studies