

College of Graduate Studies  
**Thesis Advisory Committee and  
 Advancement to Candidacy Form**



*I hereby request the following Thesis Advisory Committee to be established for:*

Student Name: \_\_\_\_\_ MTSU ID #: \_\_\_\_\_

who is enrolled in the \_\_\_\_\_ program

Email Address: \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

**Tentative Thesis Title:**

\_\_\_\_\_  
 \_\_\_\_\_

**Thesis Advisory Committee Members:**

*(Committee members must be members of the Graduate Faculty at MTSU. The committee chair must hold Doctoral, Full, or Associate membership.)*

<i>Name</i>	<i>Signature</i>	<i>Date</i>
Chair _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____

\_\_\_\_\_  
 Signature of Student \_\_\_\_\_  
 Date

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 This certifies the student listed above is advanced to Candidacy. The candidate may officially establish his/her thesis advisory committee.

**Certified and Submitted by:**

\_\_\_\_\_  
 Signature of Graduate Program Director \_\_\_\_\_  
 Date

\_\_\_\_\_  
 College of Graduate Studies \_\_\_\_\_  
 Date

**Submit this completed form to:**

College of Graduate Studies  
 MTSU Box 42  
 Sam H. Ingram Building, Main Floor  
 2269 Middle Tennessee Blvd.  
 Murfreesboro, TN 37132