

THESIS/DISSERTATION COMMITTEE RECOMMENDATION FORM

LOYOLA UNIVERSITY CHICAGO
THE GRADUATE SCHOOL

Name _____ LUC ID # _____
Last First

Program _____ Circle one: thesis or dissertation

Proposed committee

List below the name, degree, academic rank, and department of each committee member.

Please note: In the case of proposed readers who are: (a) Loyola University Chicago faculty who are not Full or Associate members of the Graduate Faculty, or (b) from other institutions, you **must** submit a copy of each reader's curriculum vitae with this form. Not all LUC faculty members are graduate faculty members. See web for current listing.

Director:

Printed name	Signature	Degree	Academic Rank	Department
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Readers:

Printed name	Degree	Academic Rank	Department
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Printed name	Degree	Academic Rank	Department
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Instructions for the Graduate Program Director

Graduate Program Director _____
Printed Name Signature Date

Graduate School approval _____
Graduate School officer Date

Please return to the Graduate School, Granada Center 400, LSC