

Office of Graduate Studies & Extended Education
McKelvie Hall, 102 Rosedale Avenue
West Chester, PA 19383
610-436-2943

EXAMINING COMMITTEE FOR THE MASTER’S-DEGREE THESIS

Responsibility for examining the quality of a master’s-degree thesis rests with a committee composed of three or four members of the West Chester University faculty. Each thesis committee must be approved by the Dean of Graduate Studies and Extended Education in advance of commencement of the thesis research effort. Committee membership includes the director of thesis and two or three additional members. Each committee member has a vote to approve or disapprove a thesis. In order for the thesis to be considered approved, no more than one negative vote can be registered, and the thesis director must vote in the affirmative. In academic disciplines where the practice is to require a unanimous affirmative vote of the examining committee, this standard must be met in order for the thesis to be considered approved. The director of thesis must be a faculty member of the department or program of study of the student presenting the thesis. At least one other committee member must also be a faculty member of the department or program of the student. A qualified individual, approved by the thesis director, from a different department or from outside the University may serve on the committee as a third or fourth member. Normally, two faculty members from the student’s department or program plus the direct of thesis will comprise the examining committee. Permanent part-time faculty members may serve on thesis examining committees and serve as thesis director. Temporary faculty members may be approved for committee membership but may not serve as thesis director.

REQUEST FOR APPROVAL OF MASTER’S-DEGREE THESIS EXAMINING COMMITTEE

Please note: This form should be sent to the Office of Graduate Studies before the student begins work on the thesis.

Student’s Name _____ WCU ID # _____ Current Date _____
_____ Date of Thesis Examination _____ TENTATIVE TITLE
OF THESIS: _____ (This
may be changed.) MEMBERSHIP OF THESIS EXAMINING COMMITTEE:
(Signature) _____ Director of Thesis
_____ Department/Program/Institution

Department/Program/Institution _____
Department/Program/Institution _____ Approved _____ Date _____
Coordinator of Graduate Study Approved _____ Date: _____
Department Chair Approved _____ Date: _____
Dean of Graduate Studies and Extended Education
(Dean of Graduate Studies and Extended Education must provide response within three weeks)