



Request for Dual Master's Degree Thesis Committees

DM-2 Form

(Submit to the Graduate School no later than the end of the student's second semester of enrollment)

Student name: _____

Mizzou ID number: _____ Legacy student number: _____

Thesis will meet degree program requirements for:

First degree—academic program: _____

Second degree—academic program: _____

Both degree programs—first academic program: _____

second academic program: _____

First degree program committee members (please print or type):

Name	Academic program	Campus address	Yes	No
1. _____ Chair	_____	_____		
2. _____	_____	_____		
3. _____ Outside member	_____	_____		
4. _____ Additional member (optional)	_____	_____		

Adviser's signature

Date

Director of graduate studies' signature

Date

Second degree program committee members (please print or type):

Name	Academic program	Campus address	Yes	No
1. _____ Chair	_____	_____		
2. _____	_____	_____		
3. _____ Outside member	_____	_____		
4. _____ Additional member (optional)	_____	_____		

Adviser's signature

Date

Director of graduate studies' signature

Date

Student's signature: _____ Date: _____

The thesis advisory committee is approved:

Graduate dean's signature: _____ Date: _____