

**Institute for Women's, Gender, and Sexuality Studies  
Thesis Committee Form**

*Please complete this form in its entirety and turn it in to the WGSS Graduate Director no later than September 1<sup>st</sup> of your second year of matriculation.*

Your Name & Cohort :

**REQUIRED MEMBERS**

**1) Thesis advisor:**

**Name**

**Department**

**Campus Address**

**Campus Phone**

**E-mail**

**2) Committee Member (and/or Co-chair):**

**Name**

**Department**

**Campus Address**

**Campus Phone**

**E-mail**

**3) Committee Member:**

**Name**

**Department**

**Campus Address**

**Campus Phone**

**E-mail**

## OPTIONAL MEMBERS

### 4) Committee Member:

**Name**

**Department**

**Campus Address**

**Campus Phone**

**E-mail**

### 5) Committee Member:

**Name**

**Department**

**Campus Address**

**Campus Phone**

**E-mail**

Important note: *The first 3 members must be full-time, tenure-track faculty members. The first 2 must be WGSS core or affiliate faculty. Optional members may be from outside the WGSS or non-tenure track faculty, but may not exceed full-time, tenure track GSU WGSS faculty members in number.*