

**African and African American Studies
Declaration of Thesis Advisor**

Student: _____

First Term Enrolled: Fall _____ Spring _____

Please select the track

___ African American Concentration

___ African Concentration

Please write the name(s) of your thesis chairperson(s) _____

Student Name: _____

Student Signature: _____ Date: _____

Committee Chair(s) Signature: _____ Date: _____

Graduate Director Signature: _____ Date: _____

If you wish to change tracks and/or chairperson(s) a letter of written approval from your committee chairperson is required and the graduate director must indicate agreement by signing below.

(This Section For Changes Only)

Change Track to: _____

Change Chairperson(s) to: _____

New Committee Chairperson Signature: _____ Date: _____

Graduate Director Signature: _____ Date: _____