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: __________