

African and African-American Studies M.A. Program
Declaration of Thesis/Non-Thesis Advisor

Student: _____

First Term Enrolled (e.g. Fall 2018): _____

Please select a track:

____ African American Studies Concentration

____ African Studies Concentration

Name of Committee Chair: _____

Name of Committee Co-Chair (if applicable): _____

Student Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Co-Chair Signature (if applicable): _____ Date: _____

Graduate Director Signature: _____ Date: _____

This section reserved for changes only

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

Change Track to: _____

Change Chairperson(s) to: _____

New Committee Chair Signature: _____ Date: _____

Graduate Director Signature: _____ Date: _____