

**Texas State University
Department of Geography
Master Committee Request Form**

Student's Name: _____ Student ID: _____

Student Signature: _____ Date: _____

Degree: (Please circle one) Master of Applied Geography (MAG)

Master of Science (MS)

Concentration: (Please circle one if you are pursuing the MAG degree)

Resource and Environmental

Geographic Education

GIScience

General

We agree to serve as Master Committee members for the student listed above.

Committee members: <i>(Names and departments)</i>	Signatures indicating willingness to serve on the committee.	Date

Approved by:

Directed Research/Thesis Advisor signature	Date

Ben Zhan, Ph.D., Geography

Graduate Program Director signature	Date