

CSUB Kinesiology Program Capstone Committee Membership Record Form

(Graduate student name)

(Graduate student CSUB ID #) (Date)

(Proposed Capstone project title/topic)

I agree to serve as a member of the Graduate Culminating Experience or Thesis Committee for the above-mentioned graduate student (2-4 members, not including the Committee Chair).

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

(Committee member name)

(Committee member signature)

(Date)

** Any non-Graduate Faculty members of the CSUB Department of Kinesiology must be approved by the Kinesiology Graduate Director; include a CV and any documents supporting the potential members expertise.*

I agree to serve as the Chair of the Graduate Culminating Experience or Thesis Committee for the above-mentioned graduate student and support the committee membership of the 2-4 individuals listed.

(Committee chair name)

(Committee chair signature)

(Date)

The Kinesiology Graduate Director approves the membership of the Graduate Thesis Committee for the above-mentioned graduate student.

(Graduate Director name)

(Graduate Director signature)

(Date)

When completed, the student retains a copy and one copy is given to the Graduate Program Director. If there are changes in committee composition, a new form should be submitted, which will replace any previously submitted forms.