



## Nohad A. Toulan School of Urban Studies and Planning

### Master of Urban Studies Request for Appointment of Thesis Committee

Student: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Field Area: \_\_\_\_\_

Proposed Thesis Title: \_\_\_\_\_

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#### Proposed Committee

Name Department\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\* If other than a Portland State University department, attach a copy of the proposed committee member's vitae unless a copy is already on file within the School's office.

#### Signatures

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Student Thesis Committee Chairperson

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School Director