

Special Agreement to Serve on Thesis/Dissertation Committee

(for members not employed by The University of Texas at Austin)

By signing below, I certify my willingness to serve on the thesis/dissertation committee of the student listed below at no expense to The University of Texas at Austin.

Student's Name: _____

Student's EID: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

PLEASE RETURN OR FAX THIS FORM WITH ONE COPY OF A CURRENT VITAE TO:

MAIL TO:

Degree Evaluator

Graduate School

110 Inner Campus Drive, Stop G0400

Main Building 101

Austin, TX 78712-1710

OR FAX TO: (512) 475-8851