

COMMITTEE APPOINTMENT
GRADUATE PROGRAM _____

Doctoral degree _____

Master's degree _____

Student

ID# _____

Requests the formal appointment of the following members to serve as his/her supervisory committee.

Supervising Professor please print

signature

Co-Chair (if applicable) please print

signature

Committee Member please print

signature

Committee Member please print

signature

Committee Member please print

signature

Committee Member please print

signature

APPROVAL

Department Head

signature

date

Dean of Graduate Education

signature

date

I understand the membership of this committee cannot be changed for scheduling reasons, but only in the case of serious extenuating circumstances.

Student

signature

date