COMMITTEE APPOINTMENT

GRADUATE PROGRAM_____

Doctoral degree_____ **Master's degree**_____

_____ **ID#**_____

Student

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