

APPOINTMENT OF SUPERVISORY OR EXAMINING COMMITTEE

Check here if this form amends and supersedes one submitted earlier.

To: Dean of the Graduate School

RE: _____
Student name and ID number

Street Address, city, state, zip

Major/option code: _____

Type of Committee:

- Comprehensive Examination Doctoral Dissertation Doctoral Program
 Master's Thesis Portfolio Project/Other _____

Proposed title of thesis/dissertation/portfolio Anticipated Completion Date

Faculty members recommended for the above-named student and committee:

(give name and title: e.g. Dr. John Doe, associate professor of biology)

(Chair) _____

Graduate Coordinator Date

Graduate Dean Date