

Graduate School

GRADUATE COMMITTEE

Name_		_ Program	ID#
Check	Appropriate Option:		
	Written Comprehensive Examination	Semester Scheduled	
	Oral Comprehensive Examination	Semester Scheduled	
	Defense of Thesis	Semester Scheduled	
	Two Paper Option	Semester Scheduled	
	Research Paper/Independent Project	Semester Scheduled	
	Lecture/Demonstration Recital	Semester Scheduled	
Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form. Date			
Signature of Committee Chair (Generally the advisor serves as the committee chair and recommends faculty			
	Graduate Committee).		•
Signat	ure of Graduate Faculty Member from wi	ithin the program of study	
			Date
Signat	ure of Graduate Faculty Member from wi	ithin the program of study	
			_ Date
the de Howev	ure of Faculty Member from outside the partment chairperson regarding a specifier, the department chairperson will make of this outside member BEFORE the st	ic faculty member from outside se the final appointment. The de	the student's area of study. partment chairperson MUST
<u> </u>			_ Date
Signat	ure of Program Director		
			_ Date
Signature of Department Chairperson approving above committee			
Signat	ure, Associate Vice President of the Grac	duate School	Date:

This form is initiated by the Graduate School and should be completed by the end of the first year of graduate study.

Submit completed form to the Graduate School.