

Graduate Student Committee Formation



Student Name: _____

Check if: ___ M.S. ___ Ph.D.

Committee Chairperson (Required): _____

Committee:

Out-of-Area Member (Required) _____

Other (Required) _____

Dean's Representative (Ph.D. Only) _____

Other (Optional) _____

Other (Optional) _____

Signatures:

Student Signature Date

Committee Chairperson Date