

COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT

APPOINTMENT OF THESIS OR DEGREE SUPERVISORY COMMITTEE*

Student: _____ ID# _____

Recommended Committee for:

___ Thesis supervision ___ Degree program

Chair: (printed name) _____

(Signature – agreeing to serve) _____

Members: (printed name) _____ Initials _____

(Printed name) _____ Initials _____

(Printed name) _____ Initials _____

I request appointment of the committee identified above.

(Signature of Student) _____

I recommend appointment of the committee identified above.

(Signature of GAR/GAC) _____

Appointment is approved.

(Signature of Associate Dean) _____

Appointment is not approved (for "because" see reverse side)

(Signature of Associate Dean) _____

* This form is to be submitted by the student to the Graduate Advisor of Record or the Graduate Program Coordinator of the degree program. The GAR/GAC then submits it to the associate dean for approval.