

REQUEST FOR APPOINTMENT OF M.S. COMMITTEE

Name:	ID#:	Date:
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Check one or both

_____ Oral Comprehensive Examination

_____ Thesis

Nominee (name and department)	Graduate Faculty status (full, limited, or special)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Thesis Adviser _____
(name from above list of nominees)

Committee Chairman _____
(name from above list of nominees)

Approved _____
Director of Graduate Studies

_____ Date