

REQUEST FOR APPOINTMENT OF M.S. COMMITTEE

| | | |
|--------------|-------------|--------------|
| Name: | ID#: | Date: |
|--------------|-------------|--------------|

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