

UNIVERSITY OF SOUTH FLORIDA

**GRADUATE STUDENT SUPERVISORY COMMITTEE APPOINTMENT FORM
NEW APPOINTMENT**

Please type or print all information, except where noted for signature.

PART I. STUDENT AND DEGREE INFORMATION

Name		USF ID#	-
Street Address		City, State, Zip	
E-mail Address		Phone	
Department		Department Mail Code	
Entered Degree Program <i>(e.g. Fall 2000)</i>		Degree Sought	

PART II. COMMITTEE INFORMATION

Master Committees:

3 committee members required
CV required for any non-USF Faculty

Doctoral Committees:

4 committee members required
CV required for any non-USF Faculty

	Full Name	Signature of Approval All members must sign for themselves.	Dept. (abbreviate)	Date Signed
<input type="checkbox"/> Major Professor* <input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Co-Major Professor* <input type="checkbox"/> Member				
Member				
Member				
Member				
Member				
Member				

PART III. APPROVALS

	Full Name	Signature of Approval	Date Signed
Program Director/ Dept. Chairperson			
College Dean/ Associate Dean	Robert Potter/Lisa Mirabal/Stephanie Hill		