

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 <small>All members must sign for themselves.</small>	Dept. <small>(abbreviate)</small>	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			