UNIVERSITY OF SOUTH FLORIDA

College of Behavioral and Community Sciences Graduate Student Supervisory Committee Appointment Form New Appointment

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

If co-major or member is outside of the college, supply Univ., address & email

PART I. STUDENT AND DEGREE INFORMATION

Name			USF ID#			
Street Address			City, State, Zip			
E-mail Address			Phone			
Department			Department Mail Code			
Entered Degree			Degree Sought			
Program (i.e. Fall 2018)			Degree Jougne			
PART II. COMMITTEE IN						
Master Committees:					ral Committees:	
3 committee members required				4 committee m	•	
CV required for any nor	1-USF Faculty		C't	CV required for a		
	Full Name		Signature of Approval All members must sign for themselves.		Dept. (abbreviate)	Date Signed
☐ Major Professor*			All members in	rust sign for themselves.	(ubbi eviate)	J.B.I.C.
☐ Co-Major Professor*						
CO-Major Professor	 					
☐ Co-Major Professor*						
Member						
Member						
Member						
Member						
Member						
PART III. APPROVALS	1		1			1
	_		2:			Date
	F	ull Name	Signature of Approval		Signed	
Program Director/ Dept.						
Chairperson						

College Signature