UNIVERSITY OF SOUTH FLORIDA

### *Office of Graduate Studies*

### 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 |       | U-ID # | **U -**       |
| Street Address |       | City, State, Zip |       |
| E-mail Address |       | Phone |       |
| College | College of Arts and Sciences | **Department****(abbreviate)** | ANT |
| **Graduate Program** | Applied Anthropology | DepartmentMail Code | SOC 107 |
| Entered Degree Program *(e.g., Fall 2000)* |       | Degree Sought/Pathway | M.A./ |

Part II. COMMITTEE INFORMATION

**Master/Ed.S. Committees: Doctoral Committees:**

3 committee members required 4 committee members required

CV required for any non-USF Faculty CV required for any non-USF Faculty

 CV required for all (Co-)Major Professor(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full Name | **Signature of Approval**All members must sign for themselves. | **Dept.****(abbreviate)** | **Date Signed** |
| [ ]  **Major Professor**[ ]  **Co-Major Professor** |  |  | ANT |  |
| [ ]  **Co-Major Professor**[ ]  **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 |  |  |