

**UNIVERSITY OF SOUTH FLORIDA - CoTA GRADUATE PROGRAMS
GRADUATE STUDENT SUPERVISORY COMMITTEE APPOINTMENT FORM**

Fill in all information except where noted for signature

Name: _____ U ID Number: _____

School/Program: _____ College: _____

Form Prepared by: _____ Dept. Mail Code: _____ Phone: _____

First enrolled as a degree seeking student in the current program: Year: _____

Indicate degree level being sought:

Project/Thesis/Dissertation Area: _____

- ACTION:** **NEW APPOINTMENT** (NOTE: For all Ph.D. Committees, a Curriculum Vitae for the Major Professor(s) *must* be attached.)
 CHANGES TO COMMITTEE APPOINTMENT (For Ph.D. Students: No changes are allowed within 6 weeks of the Dissertation defense. If changes are made, the defense must be rescheduled. Date student is scheduled to defend dissertation: _____)

NOTE: For MA (Recital), MA (Thesis), MM, or MFA, Graduate Studies requires 3 committee members. For PhD, Graduate Studies requires 4 committee members. For MA (Qualifying Paper), Graduate Studies requires 2 committee members. The College and/or Department may require more.

ORIGINAL COMMITTEE:

<u>Membership</u>	<u>Name</u>	<u>Signature</u>	<u>Department</u>	<u>Date</u>
*Major Professor:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____
Member:	_____	_____	_____	_____

CHANGES TO ORIGINAL COMMITTEE:

Attach additional forms, if necessary. List each member who is being added or removed. Everyone listed below and the major professor must sign.

<u>Add/Remove</u>	<u>Name</u>	<u>Signature</u>	<u>Department</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reasons for changes: _____

Major Professor(s) approval of changes to committee: _____ Date: _____

<u>APPROVALS</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>	<u>Phone</u>
Program Director/Coordinator:	_____	_____	_____	_____
School Director:	_____	_____	_____	_____
Dean/Assoc. Dean of College:	_____	_____	_____	_____