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	
College	Department (abbreviate)	
Graduate Program	Department Mail Code	
Entered Degree Program (e.g., Fall 2000)	Degree Sought	

PART II. COMMITTEE INFORMATION

Master/Ed.S. 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 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*				
Co-Major Professor* Member				
Member				
Member				
Member				
Member				
Member				

PART III. APPROVALS

	Full Name	Signature of Approval	Date Signed
Dept. Chairperson (or Program			
Director for Interdisciplinary			
Education ONLY)			
College Associate Dean			
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