

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	

		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
<input type="checkbox"/> Major Professor* <input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Co-Major Professor* <input type="checkbox"/> Member				
Member				

Member				
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