

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

Doctoral Committees:

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