



Notification of Committee Appointment

For a Dissertation, Thesis, or Specialist Project

Date: _____

Degree Sought: _____

Student Name: _____ WIN: _____

Email: _____

Department: _____

(Check only one)

Initial Appointment

Revised Appointment (attach rationale for request)

Proposed Committee Members

Name

Institution

Department

Date (mm/dd/yyyy)

(Committee Chair)

Chairperson, Department

Dean or Associate Dean of the Academic College
(Required for Dissertation only)

Advisor, Graduate Program

Dean, Graduate College

Date Approved