



Notification of Committee Appointment

for a Dissertation, Thesis, or Specialist Project

email completed form to: grad-dissertation@wmich.edu

Date: _____ Degree Sought: _____

Student Name: _____ WIN: _____

Email: _____

Department: _____

(Check only one)

Initial Appointment

Revised Appointment (attach rationale for request)

Chair or Co-Chairs:

(Type name below line, sign physically or electronically above)

Chair (or Co-Chair): _____ Inst./Department: _____ Date: _____

Co-Chair: _____ Inst./Department: _____ Date: _____

Additional Committee Members:

(Type name below line, sign physically or electronically above)

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Administrative Signatures:

(Obtain chair, advisor, and academic dean signatures before sending to grad-dissertation@wmich.edu)

Chair, Department: _____ Advisor, Graduate Program: _____

Dean, Academic College: _____ Dean, Graduate College: _____
(Required for Dissertation only)

Date Approved: _____