



# 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)

### Committee Chair:

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

Chair: \_\_\_\_\_ Institution: \_\_\_\_\_ Dept: \_\_\_\_\_ 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: \_\_\_\_\_