

The Graduate College

NOTIFICATION OF APPOINTMENT TO A DISSERTATION, THESIS OR SPECIALIST PROJECT COMMITTEE

- 1. This form is interactive. Please type all information directly in the form before printing out.
- 2. Gather signatures from the following:
 - a. Department Chair
 - b. Committee Chair and Members
 - c. Graduate Program Advisor
 - d. Associate Dean or Dean of the Academic College
- 3. Forward this document to the Graduate College for the Dean's signature
- 4. The Graduate College will forward a final copy to the Department Chair and to the Graduate Program Advisor.
- 5. Please submit this document to the Graduate College no later than one week after the committee is formed. Committees should be configured as early in the process as possible in order to ensure that all members have graduate faculty status at WMU.



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CURRENT DATE (select from drop down):			DEGREE SOUGHT:				
STUDENT NAME:			WIN:				
ADDRESS:							
	Street		City/Town	State	ZIP Code	Country	
DEPARTMENT	/PROGRAM:						
PROGRAM: (T	ype here if not list					_	
Check One:	Check One: Initial Appointment			Revised Appointment (attach rationale for request)			
Proposed Comr	mittee Members						
NAME		INSTITUTION		DEPARTMENT		DATE (mm/dd/yyyy)	
Type name here o	_						
Type name here o	and sign above						
Type name here o	and sign above	-					
Type name here o	and sign above						
Type name here o	and sign above						
Type name here o	and sign above						
Chairperson, Department				Date Requested			
Advisor of Graduate Program				Dean or Associate Dean of the Academic College (Required for dissertation only)			
Dean. The Graduate College				Date Approved			

Approved Copies to: Major Advisor, Department Chair, Graduate Program Advisor