

**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**

<b>Name</b>		<b>USF ID#</b>	-
<b>Street Address</b>		<b>City, State, Zip</b>	
<b>E-mail Address</b>		<b>Phone</b>	
<b>Department</b>		<b>Department Mail Code</b>	
<b>Entered Degree Program</b> (e.g. Fall 2000)		<b>Degree Sought</b>	

PART