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

Name		U-ID#	
Email Address			
College	\$ 6	Department (abbreviate)	
Graduate Program (Major)		Department Mail Code	
Entered Degree Program (e.g. Fall 2000)		Degree Sought (MS or PhD)	
Part II. COMMITTEE		_	

INFORMATION

if this member does not have an active recent record of research, Major/Co-Major Prof must attach statement explaining relevance of member to committee

	Full name	Signature of Approval All members must sign for themselves	Dept.	Date Signed
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Major Professor ss44 0 Tw 17(Major Profe)-7.6T8- o.6-r997OR