IPAT GRADUATE COMMITTEE APPOINTMENT FORM

Student's Name _____

Student ID _____

Program _____

Degree to be Awarded_____ Anticipated Completion Date _____

Committee being Appointed:

☐ MASTER'S ☐ IPRS PhD

☐ THESIS OPTION

☐ PROFESSIONAL PAPER OPTION

☐ COMPREHENSIVE EXAM OPTION

Committee Members: (print names and 790's, chair must sign to indicate agreement)

_____, 790_____ Chair: signed:_____

_____, 790_____

_____, 790_____

_____, 790_____

_____, 790_____

_____, 790_____

(*MS comps require 3 members, 2 within IPAT, one UM faculty outside IPAT. PhD comps require a minimum of 5 members, 3 within IPAT*)

APPROVED:

GRADUATE PROGRAM COORDINATOR:_____DATE:_____

THIS FORM SHOULD BE COMPLETED AND SUBMITTED TO THE IPAT GRADUATE PROGRAM COORDINATOR ~<u>3 WEEKS PRIOR TO PROPOSAL</u>

Revised 4/24 Dumke