

GRADUATE COMMITTEE APPOINTMENT FORM

STUDENT'S NAME _____

STUDENT ID _____

PROGRAM _____

DEGREE TO BE AWARDED _____ ANTICIPATED COMPLETION DATE _____

COMMITTEE BEING APPOINTED:

_____ MASTER'S

_____ THESIS OPTION

_____ PROFESSIONAL PAPER OPTION

_____ COMPREHENSIVE EXAM OPTION

COMMITTEE MEMBERS:

_____, Chair: signed: _____

APPROVED:

GRADUATE PROGRAM COORDINATOR _____ DATE _____

**THIS FORM SHOULD BE COMPLETED AND SUBMITTED TO THE HHP GRADUATE PROGRAM
COORDINATOR 3 WEEKS PRIOR TO PROPOSAL**