

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		USF ID#	-
Street Address		City, State, Zip	
E-mail Address		Phone	
College		Department (abbreviate)	
Graduate Program		Department Mail Code	
Entered Degree Program (e.g., Fall 2000)		Degree Sought	

PART II. COMMITTEE INFORMATION

Master/Ed.S. Committees:
3 committee members required

Doctoral Committees:

			te)	
<input type="checkbox"/> Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Member				
Member				