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:

(al

			te)	[redacted]
☐ Major Professor* ☐ Co-Major Professor*				
☐ Co-Major Professor* ☐ Member		[redacted]		
[redacted]				
Member				

[redacted]