

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 |  |

|   |  |               |  |
|---|--|---------------|--|
|   |  | Mail Code     |  |
| Entered Degree Program<br>(e.g., Fall 2000) |  | Degree Sought |  |

PART II. COMMITTEE INFORMATION

Master/Ed.S. Committees:  
3 committee members required  
CV required for any non-USF Faculty

Doctoral Committees:  
4 committee members required  
CV required for any non-USF Faculty  
CV required for all (Co-)Major Professor(s)

|   | Full Name | Signature of Approval<br>All members must sign for themselves. | Dept.<br>(abbreviate) | Date Signed |
|---|-----------|--|-----------------------|-------------|
| <input type="checkbox"/> Major Professor*<br><input type="checkbox"/> Co-Major Professor* |           |  |                       |             |
| <input type="checkbox"/> Co-Major Professor*<br><input type="checkbox"/> Member           |           |  |                       |             |
| Member  |           |  |                       |             |

|        |  |  |  |  |
|--------|--|--|--|--|
| Member |  |  |  |  |
|--------|--|--|--|--|