



Appointment of Supervisory Committee for the Doctoral Degree

The Graduate Committee of _____
Doctoral Degree Program-Major

Hereby recommends that a Supervisory Committee be appointed for: _____

Student Name _____ Student ID Number _____

Street Address _____ City _____ State _____ Zip _____

Area of Specialization: _____ Minor: _____

Degree Sought: D.M.A. _____ Ed.D. _____ Ph.D.

Supervisory Committee Members (at least four Fellows required-typed or printed names)

Professor's Name	Fellow (F) or Member (M)	Campus Address	Zip
	Chair F		
	F		
	F		
	F		

Outside Representative

Note: The Supervisory Committee is expected to meet within three weeks following its appointment by the Office of Graduate Studies to discuss and approve the Program of Studies for the student. The Program must be submitted to the Graduate Office with a minimum of 45 hours exclusive of language and/or research tools remaining to be taken. Any deviation from the 45-hour ruling requires a written justification.

Approval of Graduate Committee in student's major area

Signature _____ Date _____
Chair, Graduate Committee

Appointment of Supervisory Committee by Office of Graduate Studies

Signature _____ Date _____
Dean, Graduate Studies