



Department of Civil Engineering  
Masters Project Committee Appointment

Name: \_\_\_\_\_ U-Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area of Concentration (if applicable): \_\_\_\_\_

COMMITTEE APPOINTMENTS: (please print & sign your name)

Committee Chair: \_\_\_\_\_

U of M Department / Affiliation \_\_\_\_\_

Member: \_\_\_\_\_

U of M Department / Affiliation \_\_\_\_\_

Member: \_\_\_\_\_

U of M Department / Affiliation \_\_\_\_\_

ADD MEMBER TO COMMITTEE: (please print & sign your name)

Member: \_\_\_\_\_

U of M Department / Affiliation \_\_\_\_\_

Member: \_\_\_\_\_

U of M Department / Affiliation \_\_\_\_\_

REPLACE MEMBER ON COMMITTEE: (please print & sign your name)

\_\_\_\_\_ in place of \_\_\_\_\_

\_\_\_\_\_ in place of \_\_\_\_\_

DEPARTMENTAL APPROVALS:

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_