



**THESIS/DISSERTATION FACULTY COMMITTEE APPOINTMENT FORM**

(Committee members listed below **MUST** have graduate faculty status at the time of form submission. Form will be returned to Committee Chair if a member has not been approved for graduate faculty status.) This form is interactive.

Student's Full Name: \_\_\_\_\_ Banner ID: U \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street City, State Zip Code

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

Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
(Degree Abbreviation) (Please be accurate in your listing)

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

**FACULTY COMMITTEE APPOINTMENTS:**

(Please print name)

_____ Committee Chair U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)

**ADD MEMBER(S) TO COMMITTEE:**

(Committee chair must notify committee, graduate coordinator, and department chair of **ALL** changes.)

(Please print name)

_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)
_____ Committee Member U of M Department Affiliation: _____	_____ (Signature)

**Thesis/Dissertation Faculty Committee (Continued)**

Student's Full Name: \_\_\_\_\_ Banner ID: U \_\_\_\_\_

**REPLACE MEMBER(S) ON COMMITTEE:**

(Committee chair must notify committee, graduate coordinator, and department chair of **ALL** changes.)

**(Please print name)**

Replace _____ Committee Member	With _____ Committee Member
Replace _____ Committee Member	With _____ Committee Member
Replace _____ Committee Member	With _____ Committee Member

**REMOVE MEMBER(S) FROM COMMITTEE:**

(Committee chair must notify committee, graduate coordinator, and department chair of **ALL** changes.)

**(Please print name)**

_____ Committee Member
_____ Committee Member
_____ Committee Member
_____ Committee Member

**DEPARTMENTAL/COLLEGE APPROVALS:**

**(Please sign name)**

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

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

College Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Provost for Graduate Programs: \_\_\_\_\_ Date: \_\_\_\_\_

*(or designee)*

Please email the completed form to: [gsggraduateanalyst@memphis.edu](mailto:gsggraduateanalyst@memphis.edu)