

APPLIED PROJECT 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 College Affiliation: _____	_____ (Signature)
_____ Committee Member U of M College Affiliation: _____	_____ (Signature)
_____ Committee Member U of M College Affiliation: _____	_____ (Signature)
_____ Committee Member U of M College Affiliation: _____	_____ (Signature)
_____ Committee Member U of M College Affiliation: _____	_____ (Signature)

ADD MEMBER(S) TO COMMITTEE:

(Committee chair must notify committee, graduate director, and College director of **ALL** changes.) **(Please print name)**

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

Applied Project Faculty Committee (Continued)

Student's Full Name: _____ Banner ID: U _____

REPLACE MEMBER(S) ON COMMITTEE:

(Committee chair must notify committee, graduate director, and College director 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 director, and College director of **ALL** changes.) **(Please print name)**

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

School:
(Please sign name)

College Director: _____ Date: _____

College Director of Graduate Programs: _____ Date: _____

This form stays in the student's personal file within the College of Health Sciences, Field House 106.