



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)