

**UNIVERSITY OF SOUTH FLORIDA**

**GRADUATE STUDENT SUPERVISORY COMMITTEE APPOINTMENT FORM  
NEW APPOINTMENT**

*Please type or print all information, except where noted for signature.*

**PART I. STUDENT AND DEGREE INFORMATION**

<b>Name</b>		<b>USF ID#</b>	-
<b>Street Address</b>		<b>City, State, Zip</b>	
<b>E-mail Address</b>		<b>Phone</b>	
<b>College</b>		<b>Department (abbreviate)</b>	
<b>Graduate Program</b>		<b>Department Mail Code</b>	
<b>Entered Degree Program (e.g., Fall 2000)</b>		<b>Degree Sought</b>	

**PART II. COMMITTEE INFORMATION**

**Master/Ed.S. Committees:**  
3 committee members required

**Doctoral Committees:**

			te)	
<input type="checkbox"/> Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Co-Major Professor*				
<input type="checkbox"/> Member				
Member				