



ESTABLISHMENT OF MASTER'S OR SPECIALIST COMMITTEE

As required by graduate policy (1.5 -1.5.3), the following advisory committee is established for the student named on this form.

NAME _____ DATE _____
Last First Middle

FIELD OF STUDY _____ STUDENT ID NO. _____

DEGREE PROGRAM _____ MAJOR CODE _____

OPTION (select one) [] Thesis [] Nonthesis

TITLE OF THESIS _____

Table with 3 columns: COMMITTEE MEMBER NAME, COMMITTEE MEMBER DEPARTMENT, COMMITTEE MEMBER SIGNATURE. Rows include Major Adviser, Outside Member, and three Other Members.

STUDENT SIGNATURE _____ DATE _____

APPROVALS / CONFIRMATION

APPROVED _____ DATE _____
Academic Unit Head

Document Reviewed _____ DATE _____
Office of Graduate Programs

APPROVED _____ DATE _____
Director, Graduate Programs

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