

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. DATE Last First Middle FIELD OF STUDY STUDENT ID NO. DEGREE PROGRAM MAJOR CODE OPTION (select one) Thesis Nonthesis TITLE OF THESIS Type / Print Clearly Other Member _____ Type / Print Clearly Other Member _____ Type / Print Clearly _____ DATE_____ Academic Unit Head Document Reviewed _______ DATE___ APPROVED ______ DATE