M.S. GUIDANCE COMMITTEE APPROVAL FORM

It is recommended that the Guidance Committee meet to establish a student’s course program during the Fall quarter so opportunities for alternate year classes are captured. This form is to be completed no later than the end of the eighth week of the second quarter.

Note: To avoid conflicts of interest or the appearance of conflicts of interest, when domestic partners or spouses are a majority of the faculty on a Thesis or Comprehensive Exam Committee, another faculty member will be added to the Committee.

(Please type or print)

Name ______________________________________   Date __________________

I would like to request the following members be appointed to my Guidance Committee. They have all agreed to serve on this committee.

____________________, ____________________________________________Major Professor
Print name ___________________ Signature

____________________, ____________________________________________
Print name ___________________ Signature

____________________, ____________________________________________
Print name ___________________ Signature

____________________, ____________________________________________
Print name ___________________ Signature

Approved: ____________________________
Graduate Advisor Signature