

## 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

Approved: \_\_\_\_\_  
Graduate Advisor Signature