

## **SPM Graduate Student Supervisory Committee Form**

Please fill out this form completely, obtain all required signatures, and submit a hard copy to the Graduate Program Assistant located in *FLG 330*.

Select One							
NEW S	Superv	risory Committee Forr	n <b>CHANGE</b> in Supervisory Committee				
Last Name			First Name			UFID	
Master's Degree Option (Select One If Applicable)							
Thesis			Non-Thesis			Project in lieu of thesis	
Degree (Select One)							
Masters			PhD				
PhD Minor/Master's Specialization (If Applicable):							
Note: A representative from each minor sought by the student must be selected for the committee.							
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		Faculty Name	Sigr	nature	UFID	Department	
Chair							
Co-Chair							
Member							
Member							
External Member							
Minor							
Representative							
Special							
Appointment*	ntmant	mambars de NOT seur	t towards the re	guired committee	nambar count	r can they represent miners	
*Special appointment members do NOT count towards the required committee member count, nor can they represent minors.							
Committee Member Minimum Requirements							
Master's Non-Thesis		2 SPM Members					
Master's Project		3 SPM Members					
Master's Thesis		2 SPM Members & 1 External Member					
PhD		3 HHP Members & 1 External Member					