

DATE _____

GRADUATE FACULTY COMMITTEE
APPROVAL FORM

STUDENT'S NAME _____ ID# _____

DEPARTMENT _____

DEGREE SOUGHT: _____ MASTERS _____ SPECIALIST _____ DOCTORATE

COMMITTEE COMPOSITION

(Please type when filling out form)

	Name	DEPARTMENT (Dept/ in which faculty members holds status)	Graduate Faculty Status		
			Dir.Dis.	Reg.	Adjunct
1.	Chair,				
2.					
3.					
4.					
5.					

Comments:

Student's Graduate
Committee Chair

DEPARTMENTAL APPROVAL
Chair or Departmental
Graduate Advisor

GRADUATE SCHOOL APPROVAL

*The current categories of Graduate Faculty Status consist of:

1. "Direct Dissertation"
2. "Regular"
3. "Adjunct"

For a description of each graduate faculty status, see Minutes of the Graduate Council, December 1985, pp.36-37. Please note that those faculty who are shown to have Adjunct status, should hold such status for this particular committee. If not, approval for Adjunct status should be requested and approved before this form is submitted.