

GRADUATE COMMITTEE APPROVAL FORM

Student's Name: _____ Date: _____

Committee Function (check one) (Return to Graduate Office (1117) when complete)

M.S. Thesis Proposal Defense

Ph.D. Dissertation Proposal Defense
and Candidacy Examination

Title of Proposal: _____

Committee Membership:

Please provide the name and affiliation of each proposed committee member. Also, indicate his/her status on the UMCP Graduate Faculty (Regular, Associate, Special). If the proposed member is not a member of the UMCP Graduate Faculty, please explain. Indicate advisor(s).

	Type or print name	Affiliation	Graduate Faculty
1. Chair	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Approved by the Graduate Committee:

Graduate Director Signature

Date

Reasons for disapproval: _____

Graduate Director Signature

Date