



SCHOOL OF COMMUNICATION

Illinois State University

Request for Appointment of Graduate Committee

Name: _____

UID number: _____

Work Phone: _____ Home Phone: _____

ISU Email/ULID: _____

Local Address: _____

Are you planning to complete a _____ thesis or the _____ 39 hour option (check one)?

The following members of the graduate faculty have agreed to serve as the graduate committee for the above named candidate:

<i>Name (print or type)</i>	<i>Signature</i>
Chair:	
Member:	
Member:	
Member:	

Identify the unit affiliation of any members outside the SoC:

Provide justification for appointment of anyone who is not an ISU Graduate Faculty member:

Student Signature: _____ **Date:** _____

_____ Approved

_____ Not Approved

Graduate Coordinator Signature