



DEFENSE COMMITTEE MEMBERSHIP FORM

Submit this form to the Graduate College, 330 Waterman as soon as you have selected your committee.

Candidate's Name _____ Phone _____ Date _____

Program _____ Degree _____ E-mail _____

Proposed graduation date of **OCT/JAN/MAY** (circle one) _____ (year)

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Name	Dept/Program	Graduate Faculty? (Check if yes)
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Advisor _____	_____	<input type="checkbox"/>
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Committee member _____	_____	<input type="checkbox"/>
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Committee member _____	_____	<input type="checkbox"/>
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Committee member _____	_____	<input type="checkbox"/>
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Chairperson _____	_____	<input type="checkbox"/>
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Chairperson's campus address _____

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Graduate College Approval _____ Date: _____