

C. MS Supervisory Committee Membership Form

Student Name: _____

Submit completed form to the MEDP program coordinator

PROPOSED MS SUPERVISORY COMMITTEE MEMBERSHIP

Proposed Member's role (Major Professor, Co Chair, and Committee Member)	Proposed Member Name, Degree	Member's Graduate Faculty Status (full, associate, affiliate, ad hoc, or non-member)*	Member's Program Faculty Status/ Department Rank (regular, adjunct, or non-member / professor, associate or assistant professor)*	Member's Areas of Expertise (research interests of relevance)*	Member's Major Department /Institution*	Member's Approval (initials)

*This can be found in the directory of program of faculty listed elsewhere in this handbook.

Signature of Committee Chair: _____

Date: _____

Signature of Program Director: _____

Date: _____