

GIMS Data Input
 Completed By:
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**UNIVERSITY OF FLORIDA GRADUATE SCHOOL
 SUPERVISORY COMMITTEE APPOINTMENT FORM**

Student's UFID	Last Name	First Name	Middle Name	Date

Check one: This form is being submitted for ...

- a **new** supervisory committee
 a **change** in supervisory committee**

If this is a **change**, please provide an explanation: _____

Degree	For Master's degrees please check:
	<input type="checkbox"/> THESIS <input type="checkbox"/> NON-THESIS

	UFID	Professor's Name	Professor's Signature	Department
CHAIR				
Co-Chair				
Member				
Member				
Member				
Member				
External Member				

** The supervisory committee CHAIR must provide a signature or other written consent to the Graduate Program Office in order for the student to effect a change in his/her supervisory committee.

Committee change approved: _____
Supervisory Committee Chair
Date

Please return this form to HAZEL PHILLIPS, Graduate Program Assistant, in the Department of History, room 007 Keene-Flint Hall.