

**UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
APPOINTMENT OF GRADUATE FACULTY TO A COMP, THESIS, OR DISSERTATION COMMITTEE**

Student Name: _____ Student Number: **J00** _____

Student E-mail Address: _____ Student Program: _____

This form will appoint the student's:

Dissertation committee

Thesis committee

COMP committee

Proposed research topic (for thesis/dissertation students only):

Graduate Faculty Membership (See [Graduate Faculty Membership information](#) for status and appointment date)

Committee Member Names