

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	Faculty Status (full, associate, affiliate, ad hoc, or non-member)*	Program Faculty Status/ Department Rank (regular, adjunct, or non-member / professor, associate or assistant professor)	of Expertise (research interest of relevance)*	Major Department /Institution*	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: _____