FLORIDA TECH

# ESTABLISHMENT OF MASTER'S OR SPECIALIST COMMITTEE

***As required by graduate policy (1.5 -1.5.3), the following advisory committee is established for the student named on this form.***

NAME _____ DATE _____
*Last First Middle*

FIELD OF STUDY _____ STUDENT ID NO. _____

DEGREE PROGRAM _____ MAJOR CODE _____

OPTION *(select one)* ☐ Thesis ☐ Nonthesis

TITLE OF THESIS _____

_____

| COMMITTEE MEMBER NAME | COMMITTEE MEMBER DEPARTMENT | COMMITTEE MEMBER SIGNATURE |
|---|---|---|
| *Major Adviser* _____ *Type / Print Clearly* | *Academic Unit* _____ | *Signature* _____ |
| *Outside Member* _____ *Type / Print Clearly* | *Academic Unit* _____ | *Signature* _____ |
| *Other Member* _____ *Type / Print Clearly* | *Academic Unit* _____ | *Signature* _____ |
| *Other Member* _____ *Type / Print Clearly* | *Academic Unit* _____ | *Signature* _____ |
| *Other Member* _____ *Type / Print Clearly* | *Academic Unit* _____ | *Signature* _____ |

STUDENT SIGNATURE _____ DATE _____

***APPROVALS / CONFIRMATION***

*APPROVED* _____ *DATE* _____
*Academic Unit Head*

*Document Reviewed* _____ *DATE* _____
*Office of Graduate Programs*

*APPROVED* _____ *DATE* _____
*Director, Graduate Programs*