

APPOINTMENT OF MASTERS SUPERVISORY COMMITTEE

___ New appointment of committee **or** ___ Change of member(s) Date: _____

STUDENT INFORMATION

_____ <i>Name</i>	_____ <i>UTSA ID</i>
_____ <i>Department</i>	_____ <i>Program</i>
_____ <i>Thesis or Non-Thesis</i>	

PROPOSED COMMITTEE MEMBERSHIP

_____ <i>Committee Chair</i>	_____ <i>Signature</i>
_____ <i>Member</i>	_____ <i>Signature</i>
_____ <i>Member</i>	_____ <i>Signature</i>
_____ <i>Member</i>	_____ <i>Signature</i>
_____ <i>Member</i>	_____ <i>Signature</i>
_____ <i>Member</i>	_____ <i>Signature</i>

DEPARTMENT APPROVAL

_____ <i>Graduate Advisor of Record</i>	_____ <i>Signature</i>
_____ <i>Department Chair</i>	_____ <i>Signature</i>

COLLEGE APPROVAL

_____ <i>Associate Dean for Graduate Studies</i>	_____ <i>Signature</i>
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