GIMS Data Input
Completed By:
Date:
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UNIVERSITY OF FLORIDA

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:
	? THESIS ? 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 YOLANDA SCOTT, Graduate Program Assistant, in the Department of History, room 007 Keene-Flint Hall.

For assistance call (352) 392-0271 ext. 230.