



Minot State UNIVERSITY

Graduate School

GRADUATE COMMITTEE

Name _____ Program _____ ID# _____

Check Appropriate Option:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Written Comprehensive Examination | Semester Scheduled _____ |
| <input type="checkbox"/> Oral Comprehensive Examination | Semester Scheduled _____ |
| <input type="checkbox"/> Defense of Thesis | Semester Scheduled _____ |
| <input type="checkbox"/> Two Paper Option | Semester Scheduled _____ |
| <input type="checkbox"/> Research Paper/Independent Project | Semester Scheduled _____ |
| <input type="checkbox"/> Lecture/Demonstration Recital | Semester Scheduled _____ |

Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form.

Signature of Committee Chair (Generally the advisor serves as the committee chair and recommends faculty for the Graduate Committee). Date _____

Signature of Graduate Faculty Member from within the program of study Date _____

Signature of Graduate Faculty Member from within the program of study Date _____

Signature of Faculty Member from outside the student's area of study. (The student may make a request to the department chairperson regarding a specific faculty member from outside the student's area of study. However, the department chairperson will make the final appointment. The department chairperson MUST approve of this outside member BEFORE the student requests the faculty member's signature.) Date _____

Signature of Program Director Date _____

Signature of Department Chairperson approving above committee Date _____

Signature of Dean, Graduate School Date _____

This form is initiated by the Graduate School and should be completed by the end of the first year of graduate study.

Submit completed form to the MSU Graduate School, Memorial Hall 200, Minot State University.