

# MASTER'S COMMITTEE APPOINTMENT FORM

Student Name: \_\_\_\_\_

**COMMITTEE RECOMMENDED:**

<u>Name</u>	<u>Department</u>	<u>Signature</u>
Major Professor		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Change in Previously-Appointed Committee:**

Add to committee:	<u>Department</u>	<u>Signature*</u>
_____	_____	_____
_____	_____	_____

Remove from the committee:	<u>Department</u>	<u>Signature*</u>
_____	_____	_____
_____	_____	_____

Reason for changes:  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Signatures are needed for new members and those being removed. However, signatures are not required to remove persons whose UT faculty appointments have been terminated.*

**PROGRAM APPROVAL:**

\_\_\_\_\_

CEM Program Director

\_\_\_\_\_

Date