

This form must be submitted to the Faculty of Graduate and Postdoctoral Studies at the time of appointment of the examining committee **and at least two weeks prior to the examination of the thesis/practicum.**

Student Name (**LAST**, First) _____ Student Number _____

Major Department/Unit _____

Anticipated Graduation Date February 20____ May 20____ October 20____

Thesis Practicum

Thesis / Practicum Title

Recommended Committee of Examiners*

Names

_____	_____
<i>Advisor</i>	<i>Department/Unit</i>
_____	_____
<i>Co-Advisor (if applicable)</i>	<i>Department/Unit</i>
_____	_____
<i>Examiner</i>	<i>Department/Unit</i>
_____	_____
<i>Examiner</i>	<i>Department/Unit</i>
_____	_____
<i>Examiner</i>	<i>Department/Unit</i>
_____	_____
	<i>Department/Unit</i>

Knowledge Expert or Invited Member

Does a [conflict of interest \(COI\)](#) exist on this committee? Yes No
 If Yes, please advise FGS as to the nature and proposed mitigation.

Approval Signatures

Advisor _____ Date _____
MM/DD/YYYY

Co-Advisor _____ Date _____
MM/DD/YYYY
(if applicable)

Department/Unit Head/Grad Chair _____ Date _____
MM/DD/YYYY