

MASTER'S DEGREE – New Committee or Change to Advisor or Committee

Student Name _____ Student ID _____ Phone: _____
 Address _____ Degree _____ Major: _____
 City,State,Zip _____ Email: _____

Student: (1) Please obtain the signature(s) of the Faculty that you would like to appoint. All faculty must be on UND Graduate Faculty. (2) Secure the signature approval from the Graduate Director of your program. (3) Send the signed form to the School of Graduate Studies for final approval. A list of Graduate Faculty is available on our website: <http://graduateschool.und.edu/faculty-and-staff/resources.cfm>

NEW COMMITTEE (Thesis, Music Special Project, Visual Arts Exhibition, M.E.M., Specialist Diploma)

Chair Check if Co-Chair <input type="checkbox"/> Co-Advisor <input type="checkbox"/>	Signature	Date
Member 2 Check if Co-Chair <input type="checkbox"/> Co-Advisor <input type="checkbox"/>	Signature	Date
Member 3	Signature	Date
Member 4 (Optional) *Has to be a member of the UND graduate faculty	Signature	Date

Special Appointment (Optional) *Attach Curriculum Vitae, which will be reviewed by the School of Graduate Studies Dean

Signature	Date
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CHANGE TO ADVISOR OR COMMITTEE *Please list only the current member(s) being changed. List the new member(s) below and have them sign.

Current Advisor or Committee Member being replaced	Proposed New Advisor or Member(s)	
	<input type="checkbox"/> Advisor/Chair <input type="checkbox"/> Member <input type="checkbox"/> Co-Advisor/Chair	New Member Signature Date
	<input type="checkbox"/> Advisor/Chair <input type="checkbox"/> Member <input type="checkbox"/> Co-Advisor/Chair	New Member Signature Date
	<input type="checkbox"/> Advisor/Chair <input type="checkbox"/> Member <input type="checkbox"/> Co-Advisor/Chair	New Member Signature Date

Graduate Director or Chair of Student's Program	Date	School of Graduate Studies Dean	Date
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