

**UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL  
APPOINTMENT OF NON-GRADUATE FACULTY TO A COMP, THESIS, OR DISSERTATION COMMITTEE**

Name of Proposed Committee Member: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Program: \_\_\_\_\_ Student Number: J00\_\_\_\_\_

**\*\*Please attach the proposed committee member's CV to this form and submit with the student's committee appointment form.**

List the qualifications for committee membership below (please explain how the proposed committee member's expertise in the field is essential for the student's success):

RECOMMENDATION for appointment of committee member:

\_\_\_\_\_  
(Department Chair or Graduate Coordinator) Date

\_\_\_\_\_  
(Director of Graduate Studies) Date

**APPROVAL** of appointment of committee:

\_\_\_\_\_  
(Dean of the Graduate School) Date