

**Graduate Committee Form**

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

WT Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Candidate for: \_\_\_\_\_ Department: \_\_\_\_\_

College: \_\_\_\_\_ Program: \_\_\_\_\_

Each graduate student must have a minimum of **three** graduate faculty members to serve on their graduate committee, with one member serving as the chair of the committee. All committee members must have appropriate graduate faculty privileges.

**GRADUATE COMMITTEE:**

Name	Department	Committee Signatures
		Chair _____
		Member _____
		Member _____
		Member _____
		Member _____
		Member _____

Please obtain all signatures (above and below) and return to the Graduate School. Once signed by the Graduate School, this form will be filed in the student's record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature and Date

Program Advisor Signature and Date

College Dean Signature and Date

Graduate School Dean Signature and Date