

West Texas A&M University

Graduate School
Graduate Committee

NAME: _____

_____ ID Number

ADDRESS: _____

Day Phone _____

Cell Phone _____

EMAIL: _____

CANDIDATE FOR:

COLLEGE: _____ Department: _____

MAJOR: _____

GRADUATE COMMITTEE:

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

Please obtain appropriate signatures and return to the Graduate School.

Student Signature and Date

Program Advisor Signature and Date

College Dean Signature and Date

Graduate School Dean Signature and Date