



# MASTER'S EXAMINATION COMMITTEE

REQUEST:

I appoint the following Master's Comprehensive Examination Committee for

\_\_\_\_\_ (Student's name)

\_\_\_\_\_ (Social Security No.)

who is enrolled in the \_\_\_\_\_ program.  
(Title of degree program)

## EXAMINATION COMMITTEE

NAME (PRINT)

SIGNATURES

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

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

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
(Date)

ORIGINAL: Graduate Program Director  
Copy: Student  
Department/School Chair  
Master's Examination Committee Members