UNIVERSITY OF SOUTH ALAB**GMA**DUATE SCHOOL APPOINTMENT **ON**ONGRADUATEACULTY TOCOMP, THESIS, **OR**SERTATION COMMITTEE

Name of Propose © ommittee	e Member:_		
Email Address:			
Student's Name:			
Student's Program		StudentNumber: J00	
*Please attach the proposed committee member's CV to this form and submit with the student's committee appointment form.			