Graduate Committee Selection Form

Department of Instructional Technology
Utah State University

_____ Initial Committee

_____ Revision* Date _____

Name _____ "A" Number _____

Phone Number _____ E-mail Address _____

Current Address _____

M.S. Degree (Check one)

_____ Plan A - Thesis

_____ Plan B - Review of Lit.

_____ Plan C - Internship/Project

Ed.S. Degree (Check one)

_____ Developmental Project

_____ Internship

Ph.D. Degree

_____ Dissertation

*Note: Committee changes cannot be made in the six weeks prior to completion or defense.

†Note: Doctoral students will use this form to select their initial 5 person committee which must include 1, but up to 2 outside members.

Tentative Project, Internship, Thesis or Dissertation topic:

_____

_____

Committee

	Name	*Area of Specialization*	*Signature*
M.S., Plan C			
Chairperson	_____	_____	_____
M.S., Plan A, B, or Ed.S. (circle one)			
Chairperson	_____	_____	_____
2nd Dept. Person	_____	_____	_____
Outside Person	_____	_____	_____
Ph.D. (5 members: 3 Dept. & at least 1 outside person. 4th person either Dept. or another outside person.)			
Chairperson	_____	_____	_____
2nd Dept. Person	_____	_____	_____
3rd Dept. Person	_____	_____	_____
4th Person†	_____	_____	_____
Outside Person	_____	_____	_____

Please fill out the form, obtain proper signatures and return to the Department Secretary.

Faculty selected must be on the approved list of graduate faculty.