



WESTERN MICHIGAN UNIVERSITY
Graduate College

Notification of Committee Appointment

for a Dissertation, Thesis, or Specialist Project

email completed form to grad-dissertation@wmich.edu for GC dean's approval

Date: _____

Degree Sought: _____

Student Name: _____

WIN: _____

Email: _____

Department: _____

(Check only one)

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Initial Appointment

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Revised Appointment

Committee Chair:

(Type name below line, sign physically or electronically above)

Chair: _____ Institution: _____ Dept: _____ Date: _____

Additional Committee Members:

(Type name below line, sign physically or electronically above)

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Member: _____ Institution: _____ Dept: _____ Date: _____

Administrative Signatures:

(Obtain chair, advisor, and academic dean signatures before sending to grad-dissertation@wmich.edu for Graduate College dean's signature)

Chair, Department: _____

Advisor, Graduate Program: _____

Dean, Academic College: _____

(Required for Dissertation only)

Dean, Graduate College: _____

Date Approved: _____