Appointment of Supervisory Committee for Magna or Summa cum Laude Graduation

DATE: ________________

TO:  Department Chair

NAME: ___________________________ UFID: ________________________

has been approved by the Department of _____________________________

to pursue the degree of Bachelor of Science in _____________________________

____________________ CUM LAUDE. The following faculty members (minimum = 3) are recommended as the Supervisory Committee.

NAME (please print clearly)       FIELD of EXPERTISE/DEPT

_________________________________________
(Chair)

_________________________________________
(Member)

_________________________________________
(Member)

_________________________________________
(External Member - required)

APPROVED BY:

DEPARTMENT CHAIR (printed name)

_________________________________________
DEPARTMENT CHAIR (signature)     DATE