

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