



Committee Establishment

Student Name _____ ESF ID F00 _____ Date _____

Department _____ Degree Level _____

Program Name _____

As the Department Chair for this student, I recommend you appoint the following steering committee members:
Instructions: Fill name in first column, email in the second, and sign in third.

	Name	Email	Signature
Steering Committee			
Major Professor	_____	_____	_____
Co-MP	_____	_____	_____
Steering Committee	_____	_____	_____
Steering Committee	_____	_____	_____
Steering Committee	_____	_____	_____
Department Chair	_____	_____	_____

GRADUATE SCHOOL USE ONLY

Banner entry date _____