Declaration of M.A. Committee

Date __________________________

Student Name: ____________________________________________________________


Expected Semester of Graduation: ____________________________________________

The signatures below signify that each faculty member agrees to serve on the student’s M.A. committee.

Chair of Committee: _________________________________

Signature: ___________________________________________ Date: ________________

Committee Member: _____________________________

Signature: ___________________________________________ Date: ________________

Committee Member: _____________________________

Signature: ___________________________________________ Date: ________________

Graduate Coordinator: _____________________________ Date: ________________