



FLORIDA A&M UNIVERSITY
Graduate Studies and Research
Thesis/Dissertation Committee Approval Form
Committee Members' Expertise

Initial Revised (Check one.) Student ID# _____ Document _____

Student Name _____ E-mail _____

Program _____ College/School _____

COMMITTEE EXPERTISE:

Name (without title)	Title	Graduate Faculty Status	Area(s) of Expertise

Recommended by:

Department Chair/ Graduate Coordinator Signature Date

Approved by:

Dean, School/ College Signature Date

Graduate Dean Signature Date

Students: Complete this form that includes a brief summary of the expected contributions and relevant expertise of all committee members.