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|  | Master of ScienceDesignation of Advisory Committee |

**Name:**

**EMPL ID:**

**Discipline:**

***Committee Members:****(Signatures required; insert name underneath signature line)*

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*, Major Professor*

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*, Committee Member*

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*, Committee Member*

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*, Committee Member (Optional)*

***Approved:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*, Graduate Advisor*

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| University Member Assigned*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date* |