Supervisory Committee Appointment Form

Department of Psychology
College of Liberal Arts & Sciences at The University of Florida

NOTE: Use this form to establish or make changes to your Supervisory Committee for either a Master's or Ph.D. degree.

STUDENT INFORMATION

Name: _____ UFID: _____ - _____

Area of Study: _____ Anticipated Graduation: _____

Degree: ☐ Master of Science ☐ Ph.D. This is for a: ☐ **new** committee ☐ committee **change**

Master's degree options (select one): ☐ Thesis ☐ Non-Thesis ☐ Thesis Equivalency

COMMITTEE INFORMATION

The Supervisory Committee is the official committee of Graduate Faculty designed to plan a student's program, guide and evaluated the student's progress, and direct their research. To form a committee, the student selects a member of the Psychology Graduate Studies Faculty who agrees to serve as the Chair of the student's Committee. Together, the Chair and student recommend other members to the appropriate Training Director and the Graduate Coordinator, who normally approve the recommendation for the Department.

Master of Science: In general, a student's Supervisory Committee should be established before the student completes 12 credits. Thesis and non-thesis committees should consist of at least two members of the Psychology Graduate Studies Faculty and either a faculty member from another department or a Psychology faculty member whose research area is different than that of the student. Thesis Equivalency committees must meet member guidelines for the Ph.D. committee.

Ph.D.: This committee must be appointed the semester following completion of the M.S. program or within two semesters after entering the Ph.D. program with an M.S. degree. Committees should consist of three Psychology Graduate Studies Faculty members and an external member. The Chair and at least one other committee member should be in the student's specialization area and one member should be from an area different than that of the student.

	Name	UFID	Department
Committee Chair			
Co-chair (if applicable)			
Member			
Member			
Member			
External Member			

APPOINTMENT AUTHORIZATION

_____ _____

Area Director Signature Date Faculty Advisor Signature Date

Revised 5/13/2011