

# APPOINTMENT OF MASTERS COMMITTEE

## College of Fine Arts

TCU ID Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

A candidate for the \_\_\_\_\_ degree in \_\_\_\_\_

I request appointment of the following faculty members to serve on this candidate's Masters Committee.

1. \_\_\_\_\_ Committee Chair
2. \_\_\_\_\_
3. \_\_\_\_\_

Committee Chair Approval \_\_\_\_\_

Department Chair Approval \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Director of Graduate Studies  
College of Fine Arts