

Appointment of Supervisory Committee
For Graduation _____ Cum Laude

DATE: _____

TO: Associate Dean of the College of Engineering

NAME: _____ UFID: _____

has been approved by the Department of _____

to pursue the degree of Bachelor of Science in _____

_____ CUM LAUDE. The following faculty members are recommended as the Supervisory Committee.

NAME (please type name)

FIELD

Chair

External Member

RECOMMENDED BY:

APPROVED BY:

DEPARTMENT CHAIR

ASSOCIATE DEAN FOR THE
COLLEGE OF ENGINEERING