## SELECTION OF SUPERVISORY COMMITTEE FOR DIOGNOSTIC EXAMINATION

Name:		ID Number: 1000	<del></del>
Semester/Year Admitted:			
I hereby request that the faculty members indicated below whose consent I have obtained be designated as my supervisory committee			
	Printed Name	Signature	
Committee Chair			
Committee Member			
Committee Member			
Printed Name of Student		Signature of Student	Date