

**CAPPA
SELECTION OF MEMBERS
FOR DIAGNOSTIC / ADVISORY COMMITTEE**

Name: _____ ID Number: 1000 _____
Semester/Year Admitted: _____

I hereby request that the faculty members indicated below whose consent I have obtained be tentatively designated as the supervising committee for my diagnostic exam.

The tentative research question is:

Printed Name

Signature

Supervising Chair

Committee Member

Committee Member

Printed Name of Student

Signature of Student

Date