

WINONA STATE UNIVERSITY

AUTHORIZATION TO CREATE GRADUATE COMMITTEE FORM

Filled out by Student

Name _____

WSU Tech ID _____

Semester of Entry _____

Email _____

Capstone Type (Circle One) Internship Research

Graduate Committee Members

Name _____

Department _____

Signature _____

Member Status (Circle One) Advisor Member External Member

Name _____

Department _____

Signature _____

Member Status (Circle One) Advisor Member External Member

Name _____

Department _____

Signature _____

Member Status (Circle One) Advisor Member External Member

Name _____

Department _____

Signature _____

Member Status (Circle One) Advisor Member External Member

Student Signature

Date