INSTRUCTIONS: All Committee Members need to sign this form. Please give completed form to Gail Hurt (EPSc 110/314-935-5603/gail.hurt@levee.wustl.edu).

Student Name: ___________________________ Semester/Year Enrolled: ___________________________

Student ID #: ___________________________

Name (Committee Chair) ___________________________ Signature ___________________________ Date _____________
Comments: _________________________________

Name (Committee Member) ___________________________ Signature ___________________________ Date _____________
Comments: _________________________________

Name (Committee Member) ___________________________ Signature ___________________________ Date _____________
Comments: _________________________________