

**Binghamton University  
Department of Sociology**

**Committee Form**

Name: \_\_\_\_\_

Program Admission Date: \_\_\_\_\_ with BA or MA (circle one)

**Committee**

Printed Names

Signatures

Date

Chair: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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\* All Committees **must** consist of a **minimum of three (3) faculty members from the BU Sociology Department**. If a faculty member drops from this Committee the new faculty member being added must sign and date this form.

A **copy of this form must** be given to the Graduate Program secretary in LT410 at the **end of your 2<sup>nd</sup> semester** in the program (preferably with at least the Committee Chair's name completed and signed appropriately) **and again** by the **end of your 4<sup>th</sup> semester** in the program (with all other Faculty Member names completed and signed appropriately.)

**Any questions regarding completion of this Form should be directed to your Committee Chair or the Director of Graduate Studies.**