



## PowerForm Signer Information

\*\*Master's Plan of Study\*\* PLS is the name and email for each signing role listed below. If you do not have more than 3 committee members, you do not need complete these sections. When completing the form, put the committee members in the same order as the signing list. If you have any questions about this form please contact the Graduate Advisor at 924-231-1733.

Please enter your name and email to begin the signing process.

Your Role:

### Student

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

### Chair of Supervisory Committee (Adviser)

Name:

Email:

Role:

### Committee Member 2

Name:

Email:

Role:

### Committee Member 3

Name:

Email:

Role:

### Committee Member 4 (if applicable)

Name:

Email:

Role:

### Committee Member 5 (if applicable)

Name:

Email:

Role:

### Graduate Program Coordinator

Name:

Email: