Department of Critical Media Practices
University of Colorado Boulder

Committee Formation - First Year Review

Student Name: _____

Student ID Number: _____

Program: ETMAP PhD

Date of Formation: _____

At least three faculty members must be in attendance, including the student's interim or primary advisor and at least one other faculty member from DCMP, who may be of any rank so long as they have an appointment with the Graduate School.

Name	**Signature**	**Department**
1.		Advisor / DCMP
2.		DCMP
3.		

I affirm that the faculty members listed above have agreed to be on my committee. I acknowledge that any changes to my committee will require the submission of a new Committee Formation form.

_____ _____

Signature of Student Date

_____ _____

Signature of Associate Chair of Graduate Studies Date

This form must be completed by the beginning of the second semester in the program.

Revised 2/11/2020