

School of Nursing

Acknowledgement of Committee Membership

I,		, agree to serve on		
	(Faculty's Name)		(Student's Name)	
committee in	the following capacity:	:		
	Chair			
	Co-Chair			
	Member			
Student Sign	otura			Date
Student Sign	ature			Date
Faculty Signa	ature			Date

Please complete and return to Graduate Program Administration Specialist Jenny Franklin - JNSN 226A franklij@purdue.edu