

# APPOINTMENT OF GRADUATE STUDENT ADVISORY COMMITTEE (REV. 06/17/16)

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|  |            |
|--|------------|
| NAME   | STUDENT ID |
| EMAIL  | PHONE      |
| DEGREE <b>and</b> MAJOR ( <i>Ph.D. Engineering, M.S. Geology, M.F.A. Art, etc.</i> ) |            |

*See <http://www.uaf.edu/gradsch/faculty/graduate-advisory-committ/> for information about the composition of the Graduate Advisory Committee*

**Choose One:**      **INITIAL APPOINTMENT**                      **CHANGE OF COMMITTEE** (Justification required in space provided.)

| COMMITTEE MEMBER NAME & STATUS |           | SIGNATURE | PHONE NUMBER OR EMAIL ADDRESS |
|--------------------------------|-----------|-----------|-------------------------------|
| Chair                          | Current   |           |                               |
| Co-Chair                       | New       |           |                               |
|                                | Resigning |           |                               |
| Member                         | Current   |           |                               |
| Co-Chair                       | New       |           |                               |
|                                | Resigning |           |                               |
| Member:<br>(Please print)      | Current   |           |                               |
|                                | New       |           |                               |
|                                | Resigning |           |                               |
| Member:<br>(Please print)      | Current   |           |                               |
|                                | New       |           |                               |
|                                | Resigning |           |                               |
| Member<br>(Please print)       | Current   |           |                               |
|                                | New       |           |                               |
|                                | Resigning |           |                               |
| Member:<br>(Please print)      | Current   |           |                               |
|                                | New       |           |                               |
|                                | Resigning |           |                               |
| Member:<br>(Please print)      | Current   |           |                               |
|                                | New       |           |                               |
|                                | Resigning |           |                               |

**Reason for change of committee (if applicable):**

## APPROVALS

|   |                    |      |
|---|--------------------|------|
| DEPARTMENT CHAIR'S SIGNATURE<br>(required <b>before</b> submitting to the Graduate School)    | PRINT NAME LEGIBLY | DATE |
| COLLEGE/SCHOOL DEAN'S SIGNATURE<br>(required <b>before</b> submitting to the Graduate School) | PRINT NAME LEGIBLY | DATE |
| GRADUATE SCHOOL DEAN'S SIGNATURE  | PRINT NAME LEGIBLY | DATE |

**COMPLETE THE FORM, OBTAIN THE SIGNATURES, RETAIN A COPY FOR YOUR RECORDS, AND CHOOSE A DELIVERY OPTION BELOW:**

**MAIL THE FORM TO:** PO BOX 757560 FAIRBANKS, AK 99775-7560 | **SCAN AND EMAIL THE COMPLETED FORM TO:** [uaf-grad-school@alaska.edu](mailto:uaf-grad-school@alaska.edu)

**HAND DELIVER THE FORM TO:** 202 EIELSON BUILDING -----> **HAVE QUESTIONS? CALL:** 907-474-7464