

# Appointment of Graduate Advisory Committee

(also to be used for Change of Committee)

Date: \_\_\_\_\_

Please Check one:

Appointment of Committee

Change of Committee

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Degree Program (M.S., Ph.D., etc): \_\_\_\_\_ Major: \_\_\_\_\_

Current Committee Members: (Please Print Name)	Signature:
Chair (or Co-Chair):	
Member (or Co-Chair):	
Member:	
Member:	
Member:	

Resigning Committee Members (Please Print)	Signature:

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

\_\_\_\_\_  
\_\_\_\_\_

## Approved:

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Graduate School's Signature

\_\_\_\_\_  
Date

Return Original to the Office of the Graduate School.

06/12/06