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



			STUDENT ID PHONE		
Choose One:	INITIAL APPOINTMENT	CHANGE	OF CC	DMMITTEE (Justification required in space provided.)	
COMMITTEE M	EMBER NAME & STATUS	SIGNATURE		PHONE NUMBER OR EMAIL ADDRESS	
Chair Co-Chair	Current New Resigning				
Member Co-Chair	Current New Resigning				
Member: (Please print)	Current New Resigning				
Member: (Please print)	Current New Resigning				
Member (Please print)	Current New Resigning				
Member: (Please print)	Current New Resigning				
Member: (Please print)	Current New Resigning				
Member: (Please print)	Current New Resigning				
	Resigning e of committee (if applicable):				

APPROVALS					
DEPARTMENT CHAIR'S SIGNATURE (required <i>before</i> submitting to the Graduate School)	PRINT NAME LEGIBLY	DATE			
COLLEGE/SCHOOL DEAN'S SIGNATURE (required <u>before</u> submitting to the Graduate School)	PRINT NAME LEGIBLY	DATE			
GRADUATE SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE			