

### Appointment of Graduate Student Advisory Committee

Form Initiator Role: \*

First Name: \*  Last Name: \*  Student ID: \*

Email: \*  Phone: \*

Degree: \*   Major: \*

*(English, Physics, Geoscience, etc.)*

Please review the catalog policy for more information about the composition of Graduate Advisory Committees.

Action: \*

All committee members (acting, new, and/or resigning) must be listed and sign each appointment form filed.

Position	Committee Member Name (First Name, Last Name)	Status	Email Address	Member Type	Add Another	UA ID
* <input type="text"/> <input type="button" value="v"/>	* <input type="text"/> * <input type="text"/>	* <input type="text"/> <input type="button" value="v"/>	* <input type="text"/>	* <input type="text"/> <input type="button" value="v"/>	<input type="checkbox"/>	

**Department Chair** First Name: \*  Last Name: \*  Email: \*

**College/School Dean** First Name: \*  Last Name: \*  Email: \*

**Graduate Coordinator** First Name: \*  Last Name: \*  Email: \*

Initiator Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member 1 Signature \_\_\_\_\_

### Approvals

Graduate Coordinator Comments:

^  
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Graduate Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

College/School Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list your initials and any notes addressed to the Director about this form.

^  
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\_\_\_\_\_  
Graduate School Check Signature      Date

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Graduate School Director Decision: \*

Graduate School Director Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Graduate School Director Signature      Date

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Graduate School Processing:     Updated in Banner

Graduate School Processing Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Graduate School Processing Signature

GRADUATE SCHOOL | PO BOX 757560 FAIRBANKS, AK 99775-7560 | TEL: 907-474-7464  
FAX: 907-474-1984 | EMAIL: [uaf-grad-school@alaska.edu](mailto:uaf-grad-school@alaska.edu) | 202 EIELSON BUILDING

Initiator Signature \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE