



APPOINTMENT OF ADVISORY COMMITTEE

College of Arts & Sciences, Graduate Office

Date: _____

University ID Number: _____

Major Department: _____

Full Name: _____

Major: _____

Minor: _____

Proposed Advisory Committee

	Name	Discipline	Signature
Committee Chair			
2 nd Representative from Major area			
Minor Representative			
Additional Member (optional)			

Approved		
	Signature of Director of Graduate Studies or Chair of Major Department	Date
Approved		
	Dean, College of Arts and Sciences, Graduate Office	Date

NOTE: The student's major department shall assign every Ph.D. student admitted to a degree program to an advisory committee not later than one year after admission to the Ph.D. program. The names of faculty on the advisory committee shall be forwarded, also not later than one year after admission, to the College of Arts and Sciences, Graduate Division for approval.