

APPLICATION FOR APPOINTMENT OF GRADUATE NON-THESIS ADVISORY COMMITTEE
DEPARTMENT OF _____

Personal Information

I, _____ CID# _____
(Student's Name)

Address: _____

_____ Telephone # _____

request appointment of a Graduate Advisory Committee. The members of the graduate faculty listed below have indicated their agreement to serve by their signatures.

Chair:

| | | | |
|----------------|-------------|---------|--------|
| _____ | _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Title) | (Date) |

II. Member:

| | | | |
|----------------|-------------|---------|--------|
| _____ | _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Title) | (Date) |

III. Member:

| | | | |
|----------------|-------------|---------|--------|
| _____ | _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Title) | (Date) |

IV. College of Graduate Studies and Research Representative:

| | | | |
|----------------|-------------|---------|--------|
| _____ | _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Title) | (Date) |

V. Recommendation of the Department Chair:

| | | |
|----------------|-------------|--------|
| _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Date) |

VI. Approval of the Graduate Dean:

| | | |
|----------------|-------------|--------|
| _____ | _____ | _____ |
| (Printed Name) | (Signature) | (Date) |

Please fill out the top section (Personal Information) and submit this form to your Program Advisor.