

UNIVERSITY OF LOUISVILLE
College of Education & Human Development

Doctoral Advisory Committee Approval

Student Name: _____ Date: _____
Department: _____ Major Subject Field: _____
Student ID#: _____ Student e-mail: _____

Proposed Committee Members

	<u>NAME</u> (typed or printed)	<u>DEPARTMENT</u>	<i>Signature as</i> <i>Agreement to Serve on Committee</i> <u>SIGNATURE & DATE</u>
1.	_____ (Principal Advisor)	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Doctoral Advisory Committee requires 3 members

**If recommending someone not on the CEHD Graduate Faculty,
or a Faculty member at the University of Louisville,**
*attach a current curriculum vitae and a letter to the Graduate Dean
explaining why this person is being asked to participate.*

The above-named Faculty members are hereby
appointed to act as the Doctoral Advisory Committee for the student named above.

Department Chair

Date

Assistant Dean of Graduate Studies

Date