

School of Interdisciplinary and Graduate Studies
Thesis/Dissertation Advisory Committee Appointment

To: Unit Dean
Cc: Dean of the School of Interdisciplinary and Graduate Studies

Date: _____

Student Name: _____

SID#: _____

Department: _____

Major Subject Field: _____

Degree: M.A., M.S., Ph.D., Other (specify): _____

Proposed Committee Members

	Name	Department	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(Masters committee requires 3 members, Doctoral committee requires 4 members)

By signing above, each of the faculty members agrees to serve on the advisory committee.

Advisory committee members must be certified by their unit to participate in Graduate education.

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

Department Chair

Date

Unit Approval

Date