

**University of Louisville Graduate School**  
**Thesis/Dissertation Advisory Committee Appointment**

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To: Dean of the Graduate School

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

SID#: \_\_\_\_\_

Department: \_\_\_\_\_

Major Subject Field: \_\_\_\_\_

Degree: (circle one) M.A., M.S., Ph.D., Other (specify) \_\_\_\_\_

**Proposed Committee Members**

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

(Thesis committee requires 3 members, dissertation committee requires 5 members)

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

**Advisory committee members must be graduate faculty members or must have a term appointment to graduate faculty at the University of Louisville.**

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

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Dean Approval

\_\_\_\_\_  
Date