

University of Louisville Graduate School
Thesis/Dissertation Advisory Committee Appointment

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.

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