

**University of Louisville**  
**Dissertation Advisory Committee**

**To: Associate Dean for Graduate Studies, College of Arts & Sciences**

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

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Department: **Sociology** Degree: **PhD**

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**Proposed Committee Members**

	<b>Name</b>	<b>Department</b>	<b>Signature as Agreement to Serve on Committee</b>
1	_____ Principal Advisor	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

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.

***(Dissertation committees must include five members, three of whom must be faculty in the Department of Sociology.)***

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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

\_\_\_\_\_  
Associate Dean for Graduate Studies, College of Arts & Sciences

\_\_\_\_\_  
Date