

**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**

Proposed Committee Members

	Name	Department	Signature as Agreement to Serve on Committee
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.)

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