

The Graduate School of the University of Louisville
Thesis/Dissertation Advisory Committee Appointment

To: Unit Dean
Cc: Dean of the UofL Graduate School

Date: _____

Student Name: _____

Student ID#: _____

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. Electronic completion of forms is preferred.

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

Director of Graduate Studies

Date

Department Chair

Date

Unit Approval

Date