

School of Interdisciplinary and Graduate Studies  
Thesis/Dissertation Advisory Committee Appointment

To: Unit Dean  
Cc: Dean of the School of Interdisciplinary and Graduate Studies

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

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

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

**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.

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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

\_\_\_\_\_  
Unit Approval

\_\_\_\_\_  
Date