

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

To: Unit Dean

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

Cc: Dean of the University of Louisville Graduate School

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

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

Department: \_\_\_\_\_

Major Subject Field: \_\_\_\_\_

Degree: M.A., M.S., Ph.D., Other (specify): \_\_\_\_\_

Proposed Committee Members

	Name	Department	Signature
1.	_____ <small>Thesis/Dissertation Chair</small>	_____	_____
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.

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**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