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

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

Student Name: _____

SID#: _____

Department: Microbiology and Immunology

Major Subject Field: _____

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

Proposed Committee Members

		Name	Department	Signature
Principal Advisor	**1.**			
Co-Advisor[χ]	**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.

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

[χ]A co-advisor represents the Department of Microbiology and Immunology and its graduate program policies if the principal advisor does not have a primary faculty appointment in the department.

[*]Doctoral committees may have 4-6 faculty members: at least three with primary appointments in the Department of Microbiology and Immunology and at least one from outside the department.