

Academic Advisory Committee

Master's and Doctoral Program

Name: _____

Major: _____

Faculty members, please sign on appropriate lines to indicate your willingness to serve on this student's committee.

Major Advisor: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Approvals:

(Graduate Director) Date: _____

(Chair) Date: _____

G & A GRADUATE OFFICE

Entered in Student's Record: _____