

**NOTICE OF SELECTION OF ADVISORY COMMITTEE**

The faculty members listed below have attested by their signatures willingness to serve as

Advisory Committee members for \_\_\_\_\_

(Print Name of Student)

who is registered in the  DOCTOR OF PHILOSOPHY Program  
 MASTER OF SCIENCE Program

**DEPARTMENT DECLARATION:** \_\_\_\_\_ **RESEARCH DISCIPLINE:** \_\_\_\_\_

**THESIS/DISSERTATION TOPIC:** \_\_\_\_\_

**I. NAMES in full** (i.e., with middle initials) of Graduate Advisory Committee members, including outside member if applicable, should be typed or printed in this section:

Major Professor	

**OUTSIDE MEMBER Information** (if applicable) -- **PLEASE ATTACH A VITA OF YOUR OUTSIDE COMMITTEE MEMBER**

FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
AFFILIATION: \_\_\_\_\_

**II. SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS**

<u>Committee Member</u>	<u>Discipline</u>	<u>Date</u>
Major Professor		

**DEPARTMENT ACTION**

**NOTE:** Membership of a student's research committee must be reviewed at the department level prior to the submission of the student's committee form to the Dean of Graduate Studies. It is noted that the curricula vitae of external members shall form part of the package.

**RECOMMEND / DO NOT RECOMMEND**

DATE: \_\_\_\_\_ DEPARTMENT CHAIR PERSON (SIGNATURE) \_\_\_\_\_

**ASSOCIATE DEAN OF ACADEMIC STUDIES**

**APPROVED / DENIED → Comments on Reverse Side**

DATE: \_\_\_\_\_ ASSOCIATE DEAN OF ACADEMIC STUDIES (SIGNATURE) \_\_\_\_\_

**RETURN APPLICATION to Associate Dean of Academic Studies, c/o Graduate Registrar, WH 253**