

COLLEGE OF WILLIAM AND MARY
SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

NOTICE OF SELECTION OF ADVISORY COMMITTEE AND DEPARTMENT DECLARATION

FIRST NAME	LAST NAME	DEGREE PROGRAM	BANNER ID
DEPARTMENT		STUDENT SIGNATURE	DATE

DEPARTMENT DECLARATION

DEPARTMENT	RESEARCH DISCIPLINE
THESIS/DISSERTATION TOPIC:	

ADVISORY COMMITTEE SELECTION

THE FACULTY MEMBERS LISTED BELOW HAVE ATTESTED BY THEIR SIGNATURES, WILLINGNESS TO SERVE AS ADVISORY COMMITTEE MEMBERS FOR THE ABOVE-NAMED STUDENT. **PLEASE LIST NAMES IN FULL (INCLUDING MIDDLE INITIAL).**

MAJOR ADVISOR NAME	DISCIPLINE	MAJOR ADVISOR SIGNATURE	DATE
CO-ADVISOR NAME (IF APPLICABLE)	DISCIPLINE	CO-ADVISOR SIGNATURE (IF APPLICABLE)	DATE
COMMITTEE MEMBER NAME	DISCIPLINE	COMMITTEE MEMBER SIGNATURE	DATE
COMMITTEE MEMBER NAME	DISCIPLINE	COMMITTEE MEMBER SIGNATURE	DATE
COMMITTEE MEMBER NAME	DISCIPLINE	COMMITTEE MEMBER SIGNATURE	DATE

EXTERNAL COMMITTEE MEMBER INFORMATION (IF APPLICABLE) -- PLEASE PROVIDE A CURRICULUM VITAE WITH THIS REQUEST FORM.

NAME	TITLE	AFFILIATION
MAILING ADDRESS		
EXTERNAL COMMITTEE MEMBER SIGNATURE		DATE

ACTION OF DEPARTMENT RECOMMEND Do Not Recommend

MEMBERSHIP OF A STUDENT'S RESEARCH COMMITTEE MUST BE REVIEWED AT THE DEPARTMENT LEVEL **PRIOR** TO THE SUBMISSION OF THE STUDENT'S REQUEST FORM TO THE ASSOCIATE DEAN OF ACADEMIC STUDIES.

DEPARTMENT CHAIRPERSON SIGNATURE	DATE
IF NOT RECOMMENDED, REASON:	

PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR IN WATERMEN'S HALL, ROOM 253
OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU.

ACTION OF ASSOCIATE DEAN OF ACADEMIC STUDIES APPROVED DENIED

SIGNATURE	DATE
IF DENIED, REASON:	

OFFICE USE ONLY: DATE RECEIVED: _____ PROCESSED BY: _____ MILESTONES BANNER NOTIFY STUDENT: _____