VISAYAS STATE UNIVERSITY

GRADUATE EDUCATION

NOMINATION OF GRADUATE ADVISORY COMMITTEE

Name: _____ Degree Sought: _____
(Family Name, First Name, Middle Initial)

Field of Discipline: _____ Minor/Cognate(s):_____

I HEREBY nominate the following as members of my Graduate Advisory Committee:

Chairman:	_____	field:	_____
Member:	_____	field:	_____
Member:	_____	field:	_____
Member:	_____	field:	_____
Member:	_____	field:	_____

_____ _____
Signature of Student Date

Verified:

_____
Student Records in Charge

Recommending Approval:

_____
Head, Major Department
Date: _____

Approved:

_____
Director, Graduate Education
Date: _____

**Signature over printed name*
**Distribution of copies: Graduate Student, Major Department, Graduate Education*

*** Indicate N/A or NONE for fields not applicable**

GRADUATE EDUCATION
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