

GRADUATE SCHOOL

NOMINATION OF GRADUATE ADVISORY COMMITTEE

lame: Degree Sought:		
(Family Name, First Name, Middle Init		<u> </u>
Field of Discipline: Mir	nor/Cognate(s):	
I HEREBY nominate the following as members	ers of my Gradu	ate Advisory Committee:
Chairman: Member: Member: Member:	representing: representing:	
Signature of Student	_	Date
WE HEREBY affix our signatures to indicate our willingness to serve as members of the Graduate Advisory Committee for		
Chairman:		Date:
Member:		Date:
Member:		Date:
Member:		Date:
Recommending Approval:	Approved:	
Head, Major Department		Dean, Graduate School Date:
Verified:		
Student Records in Charge		

*Distribution of copies: Graduate Student, Major Department, Graduate School

* Indicate N/A or NONE for fields not applicable

