

M.A./M.S. ADVISORY COMMITTEE

By signing this form, I agree to serve as an Advisory Committee member for the M.A./M.S. student listed below. Any change to this arrangement requires that a new form be submitted with signatures from old and new committee member(s). Please type full names and sign below.

New Committee Members:

Committee Member

Date:

Committee Member

Date:

Committee Member

Date:

Former Committee Members:

Committee Member

Date:

Committee Member

Date:

Student

Date:

Major Professor

Date:

Co-Advisor

Date:

Graduate Coordinator

Date:

(Please return signed original copy to the Graduate Program Administrator for student's file.)

This is a Departmental form- you must also submit the Graduate School's official Advisory Committee form. Changes will require submission of a revised form to the Graduate School.