

Ph.D. ADVISORY COMMITTEE

By signing this form, I agree to serve as an Advisory Committee member for the Ph.D. 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:
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.