

MA/MS ADVISORY COMMITTEE

By signing this form, I agree to serve as an Advisory Committee member for the MA/MS 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:

Old 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 Assistant 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.