

As required by graduate policy (1.5 - 1.5.3), the following advisory committee is established for the student named on this form.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

FIELD OF STUDY \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_ MAJOR CODE \_\_\_\_\_

OPTION (select one)  Thesis  Nonthesis

TITLE OF THESIS \_\_\_\_\_

\_\_\_\_\_

COMMITTEE MEMBER NAME	COMMITTEE MEMBER DEPARTMENT	COMMITTEE MEMBER SIGNATURE
Major Adviser _____ <small>Type / Print Clearly</small>	Academic Unit _____	Signature _____
Outside Member _____ <small>Type / Print Clearly</small>	Academic Unit _____	Signature _____
Other Member _____ <small>Type / Print Clearly</small>	Academic Unit _____	Signature _____
Other Member _____ <small>Type / Print Clearly</small>	Academic Unit _____	Signature _____
Other Member _____ <small>Type / Print Clearly</small>	Academic Unit _____	Signature _____

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### APPROVALS / CONFIRMATION

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Academic Unit Head

Document Reviewed \_\_\_\_\_ DATE \_\_\_\_\_  
Office of Graduate Programs

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Director, Graduate Programs