

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