

ADVISORY COMMITTEE AGREEMENT

I, _____, do hereby submit the names of the following faculty as advisory committee members. I attest that I have met and discussed with each of them my degree plan and they have agreed to serve on my committee.

Student's Signature: _____

Sam ID: _____ Major: _____

Printed Name: _____

Committee Member Printed Name

Signature

(Committee Chair)

(Committee Member)

(Committee Member)

(Committee Member)

(Committee Member)

Expected Graduation Date: _____

Date Received: _____

Graduate Advisor Signature: _____

Office Use Only

All committee members have appropriate graduate faculty status?

Yes _____ No _____

Date Approved: _____

Dean's Signature: _____