

Type or please print clearly.

Name _____ Date _____

The following faculty members have agreed to serve on the Graduate Advisory Committee for the student named above:

Major Professor Name (Print) Date Signature

Address

Telephone E-mail address

1) Committee Member Name (Print) Date Signature

Address

Telephone E-mail address

2) Committee Member Name (Print) Date Signature

Address

Telephone E-mail address

3) Committee Member Name (Print) Date Signature

Address

Telephone E-mail address

4) Committee Member Name (Print) Date Signature

Address

Telephone E-mail address

SCMSS Graduate Programs Coordinator Date Dean, College of Science Date