

GRADUATE ADVISORY FORM

Student Name:

Student ID:

Date:

The following faculty* member(s) agree to serve as the student's Graduate Advisor(s):

CCU Graduate Faculty Advisor Name	Department	Signature	Date
CCU Graduate Faculty Co-Advisor Name (optional)	Department	Signature	Date

The following faculty* agree to serve on the student's Graduate Advisory Committee:

CCU Graduate Faculty Committee Member Name	Department	Signature	Date
CCU Graduate Faculty Committee Member Name	Department	Signature	Date
External CCU Graduate Faculty Committee Member Name		Signature	Date
Organization	Telephone	Email Address	
External CCU Graduate Faculty Committee Member Name		Signature	Date
Organization	Telephone	Email Address	

*CCU Graduate Faculty, including External Committee Member CCU Graduate Faculty, are approved by the College of Graduate and Continuing Studies.