

School of Interdisciplinary and Graduate Studies
Thesis/Dissertation Advisory Committee Appointment

Date: _____

Student Name: _____ SID#: _____

Department: _____

Major Subject Field: _____

Degree: (circle one) M.A., M.S., Ph.D., Other (specify) _____

(Thesis committee requires 3 members, dissertation committee requires 5 members)

Proposed Committee Members

	Name	Department	Signature
1.	_____	_____	_____
	Principal Advisor		
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

By signing above, each of the faculty members agrees to serve on the advisory committee.

Advisory committee members must be graduate faculty members or must have a term appointment to graduate faculty at the University of Louisville.

The above named faculty members are hereby appointed to act as the Advisory Committee for the student named above.

Department Chair

Date

Unit Approval

Date