**NOMINATION OF GRADUATE ADVISORY COMMITTEE**

Name: Degree Sought:

*(Family Name, First Name, Middle Initial)*

Field of Discipline: Minor/Cognate(s):

I HEREBY nominate the following as members of my Graduate Advisory Committee:

|  |  |  |  |
| --- | --- | --- | --- |
| Chairman: |  | representing: |  |
| Member: |  | representing: |  |
| Member: |  | representing: |  |
| Member: |  | representing: |  |

|  |  |
| --- | --- |
|   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Student | Date |

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WE HEREBY affix our signatures to indicate our willingness to serve as members of the Graduate Advisory Committee for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Approval: Approved:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ANABELLA B.TULIN

 *Head, Major Department* *Dean, Graduate School*

 *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_*

Verified:

CATHERINE C. ARRADAZA

*Secretary, Graduate School*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Distribution of copies: Committee members, Graduate Student, Registrar, Major Department, Graduate School*

**\* Indicate N/A or NONE for fields not applicable**