

## MA/MS ADVISORY COMMITTEE

By signing this form, I agree to serve as an Advisory Committee member for the MA/MS student listed below. Any change to this arrangement requires that a new form be submitted with signatures from old and new committee member(s). Please type full names and sign below.

### **New Committee Members:**

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

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

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

### **Old Committee Members:**

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

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

Student:  \_\_\_\_\_ Date:

Major Professor:  \_\_\_\_\_ Date:

Co-Advisor:  \_\_\_\_\_ Date:

Graduate Coordinator:  \_\_\_\_\_ Date:

**(Please return signed original copy to the Graduate Program Assistant for Student's File)**

This is a Departmental Form – you must also submit the Graduate School's official Advisory Committee form. Changes will require submission of a revised form to the Graduate School.