

APPOINTMENT OF ADVISORY COMMITTEE APPROVAL FORM

Submit this form before establishing your proposed degree program.

Please type directly into the highlighted fields or print clearly in blue or black ink.

STUDENT INFORMATION

Student ID (L-Number): _____

Student Name: _____
 Last Name First Name M.I.

Address: _____
 Street Address

_____ City _____ State _____ ZIP Code

UNLV E-mail Address: _____ Phone: _____

Degree: Masters Specialist Doctoral Program: _____

COMMITTEE COMPOSITION

Refer to the Graduate Catalog guidelines for selecting an Advisory Committee.

Please print names below:

 Advisory Committee Chair

 Advisory Committee Member – *if applicable*

 Advisory Committee Member

 Advisory Committee Member – *if applicable*

 Advisory Committee Member

GRADUATE COLLEGE REPRESENTATIVE: *I agree to serve as the Graduate College Representative on the Advisory Committee for the above named student.*

Name: _____ Date: _____

Department: _____ Mail Stop: _____

Signature: _____

APPROVAL SIGNATURES:

 Advisory Committee Chair Date

 Graduate Coordinator Date

 Department Chair Date

 * Dean, Academic College Date

GRADUATE COLLEGE USE ONLY

 Dean, Graduate College Date

* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.