

Generally, four Graduate Faculty members comprise an advisory committee: three from the student’s department and one graduate faculty member from another department to serve as the Graduate College representative. Occasionally, it is permissible for an additional graduate faculty member(s) to be placed on the committee. The committee chair and outside Graduate College Representative must both have full graduate faculty status. The two additional advisory committee members and any additional members may have either associate or full graduate faculty status. For additional information about graduate faculty status, visit: <http://graduatecollege.unlv.edu/facstaff/status.html>.

STUDENT INFORMATION

NSHE ID: _____ DEPARTMENT / PROGRAM OF STUDY: _____
 FIRST NAME: _____ LAST NAME: _____
 REBELMAIL: _____ PHONE: _____
 ADMIT TERM & YEAR: _____ DEGREE EMPHASIS (if applicable): _____

COMMITTEE COMPOSITION – Refer to the Graduate Catalog guidelines for selecting an Advisory Committee. Please print the names of the committee members on the left, and have those individuals sign on the right.

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|-------|--|-------|-------------------------------------|-------|------|
| _____ | ADVISORY COMMITTEE CHAIR – <i>if applicable</i> | _____ | ADVISORY COMMITTEE CHAIR SIGNATURE | _____ | DATE |
| _____ | ADVISORY COMMITTEE MEMBER | _____ | ADVISORY COMMITTEE MEMBER SIGNATURE | _____ | DATE |
| _____ | ADVISORY COMMITTEE MEMBER | _____ | ADVISORY COMMITTEE MEMBER SIGNATURE | _____ | DATE |
| _____ | ADVISORY COMMITTEE MEMBER – <i>if applicable</i> | _____ | ADVISORY COMMITTEE MEMBER SIGNATURE | _____ | DATE |
| _____ | ADVISORY COMMITTEE MEMBER – <i>if applicable</i> | _____ | ADVISORY COMMITTEE MEMBER SIGNATURE | _____ | DATE |

STUDENT SIGNATURE

_____ DATE _____

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

PRINT NAME _____ DEPARTMENT _____
 GRADUATE COLLEGE REPRESENTATIVE SIGNATURE _____ DATE _____

ADDITIONAL REQUIRED APPROVAL SIGNATURES

DEPARTMENT CHAIR _____ DATE _____ *DEAN, ACADEMIC COLLEGE _____ DATE _____
 GRADUATE COORDINATOR _____ DATE _____

**Dean signature is required for programs in the College of Fine Arts, School of Community Health Sciences, and College of Sciences.*

GRADUATE COLLEGE USE ONLY

DEAN, GRADUATE COLLEGE _____ DATE _____