

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. Submit this form before establishing your proposed degree program. 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.

_____	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 – if applicable	_____	ADVISORY COMMITTEE MEMBER SIGNATURE	_____	DATE
_____	ADVISORY COMMITTEE MEMBER – if applicable	_____	ADVISORY COMMITTEE MEMBER SIGNATURE	_____	DATE

**STUDENT SIGNATURE** – I understand that my *Degree Plan Requirements Form* must be submitted prior to, or at the same time as this form.

\_\_\_\_\_  
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

**GRADUATE COLLEGE USE ONLY**

\_\_\_\_\_  
DEAN, GRADUATE COLLEGE \_\_\_\_\_ DATE

\*Please consult the Forms page of the Graduate College website (<http://graduatecollege.unlv.edu/forms>) to determine if this signature is required for your program.