

INDIANA UNIVERSITY GRADUATE SCHOOL

APPOINTMENT OF ADVISORY COMMITTEE
(Please Type)

Name of Student _____ Univ ID _____

Department _____ Birth Date _____

Major _____ Minor(s) _____

Date of Enrollment in the University Graduate School _____

ADVISORY COMMITTEE:

Name Discipline Signature

1st inside member

2nd inside member

1st outside member

Signature/Departmental Chairperson
or Graduate Advisor _____ Date _____

Approved/Associate Dean
University Graduate School _____ Date _____

Note: The student's major department shall assign every Ph.D. student admitted to a degree program to an advisory committee no later than one year after admission to the Ph.D. program.
The names of the faculty on the advisory committee shall be forwarded, also no later than one year after admission, to the Graduate School for approval.