TO:	Dean of Graduate Stud	dies		
SUBJECT:	Request for Appointment of Advisory Committee			
DATE:				
I certify members of the	that I have satisfactorily co Graduate School Faculty b	ompleted six semester hour se appointed to serve on my	rs of graduate work and hereby request that the follow y Graduate Advisory Committee:	/ing
Name (please print)		Signature	Date	
		Chairperson		
		Member		
Student's Signat	ure		Date	
Student ID/ T No	•			
Student's Addres				
Approved				
	Departmental Chairperso	on	date	
Approved	Associate Dean/Director	for Doctoral Programs	date	_
Approved	Coordinator of Graduate	Studies	date	