APPOINTMENT OF ADVISORY COMMITTEE
APPROVAL FORM

THE GRADUATE COLLEGE
University of Nevada, Las Vegas

* Type or Print
* Submit the signed original and 2 copies of this form to the Graduate College before establishing the proposed degree program.
* Keep one copy of this form for your records.

STUDENT INFORMATION:

Student ID or Social Security Number: _____

Last Name_____ First Name_____ MI____

Address_____ City _____State_____ Zip _____

E-mail Address_____

Department _____ Major _____

Degree Sought: ☐ Masters ☐ Specialist ☐ Doctoral

COMMITTEE COMPOSITION: Four Graduate Faculty members comprise an Advisory Committee. Three from the student's department and one selected from another department who serves as the Graduate College Representative. Occasionally, and with the approval of the Graduate Dean, it is permissible for an additional member(s) to be placed on the committee. **PLEASE TYPE OR PRINT.**

_____
Advisory Committee Chair (Please type or print, do not sign)

_____
Additional Committee Member *(if applicable)* (Please type or print)

_____
Advisory Committee Member (Please type or print, do not sign)

_____
Additional Committee Member *(if applicable)* (Please type or print)

_____
Advisory Committee Member (Please type or print, do not sign)

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

Name _____ Department_____

Mail Code_____ Signature _____ Date_____

APPROVAL SIGNATURES:

_____ _____
Student Date

_____ _____
Student's Committee Chair Date

_____ _____
* Dean, Academic College Date

_____ _____
Department Chair/Graduate Coordinator Date

_____ _____
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.*

Copies: Graduate College; Advisory Committee Chair, Department, Student 8/07