



Appointment of Advising Committee

Date: _____ **Student ID:** _____

Last Name: _____ **First Name:** _____

Advisor: _____ **Department:** _____

Co-Advisor: _____ **Department:** _____

Term and Year of Admission: _____

Name	Department/University or Company	Signature
_____ Advisor	_____	_____
_____ Co-Advisor	_____	_____
_____ Internal Member	_____	_____
_____ Internal Member	_____	_____
_____ Internal Member	_____	_____
_____ External Member	_____	_____
_____ External Member	_____	_____
_____ Honorary Member	_____	_____

Appointment of Advising Committee

Signatures:

Ph.D. Student

Date

Advisor

Date

Co-Advisor

Date

Approval:

Associate Dean for Graduate Studies

Date

Please [see Ph.D. Program Handbook of Policies and Procedures](#) for complete guidelines in forming committee.