



Name of Student: \_\_\_\_\_ Graduate Program: \_\_\_\_\_

The Advisory Committee is composed of **five** individuals, one of whom is the student's Major Advisor. The Major Advisor, after consultation with the student, recommends to the Department Chair the names of four additional members of the faculty who have agreed to serve as members of the student's Advisory Committee. If a Co-Major Advisor has been appointed, s/he is one of the five committee members. At least four of the five members must hold appointments on the faculty of The Graduate School. One or two members of the committee may be from outside the student's major department or program. The advisory committee members should be selected as soon as possible after the Major Advisor is chosen. The Dean must approve the members of the Advisory Committee. The Advisory Committee's function is to assist the student in the following activities:

- Selection of courses pertinent to the objectives of the student's educational program
- Planning of the student's research/project
- Preparing and administering the Comprehensive Exam
- Critical review of the research in progress
- Defense of the thesis/project

**Students must hold at least one Advisory Committee meeting each year.** Individual graduate programs may require more frequent meetings. All members are expected to be present at all Committee meetings. The Advisory Committee members serve as scientific resources to the student throughout his/her training, and are responsible for monitoring and evaluating the student's academic and research progress. The Advisory Committee's responsibilities include approving the student's coursework proposal, research proposal, and thesis, administering the Final Oral Examination (dissertation defense), and determining the outcome.

If you are willing to serve on the student's committee indicated above, please sign in the space below beside your name.

**Authorized Signatures**

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
<b>Major Advisor</b>		
Name _____	Signature _____	Date _____
<b>Program Director</b>		
Name _____	Signature _____	Date _____
<b>Department Chair</b> <i>(Associate Dean for Academic Affairs in Nursing or Associate Dean for Curriculum Affairs in Allied Health Sciences)</i>		
Name _____	Signature _____	Date _____
<b>MD / PhD Director</b>		
Name _____	Signature _____	Date _____
Signature _____	Date _____	
Dean, The Graduate School		