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**ADVISORY COMMITTEE AGREEMENT FORM**

**CONFIRMATION OF RESEARCH PROPOSAL**

**This form must be completed and submitted to The Graduate School (**[**TGSENROLLED@augusta.edu**](mailto:TGSENROLLED@augusta.edu)**) at least 1 week prior to the scheduled presentation.**

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| **General Student Information** | | |
| Name of Student:       Graduate Program:  Date of Scheduled Presentation:       Time:       Location: | | |
| **Authorized Signatures** | | |
| * **I will be in attendance for the presentation of the Research Proposal for the student listed above on the designated day and time.** * **I agree to complete the Research Proposal rubric and submit to The Graduate School (**[**tgsenrolled@augusta.edu**](mailto:tgsenrolled@augusta.edu)**) no more than one week after the presentation.** | | |
| *Major Advisor*    *Advisory Committee Member*    *Advisory Committee Member*    *Advisory Committee Member*    *Advisory Committee Member*    *Advisory Committee Member*    *Dean, The Graduate School* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Major Advisor Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisory Committee Member Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisory Committee Member Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisory Committee Member Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisory Committee Member Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Advisory Committee Member Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Graduate School Dean Signature* | *Date*    *Date*    *Date*    *Date*    *Date*    *Date*    *Date* |

**A copy of the completed, signed form will be provided to the student’s PhD program director and MD/PhD program director (if applicable).**