



APPOINTMENT OF ADVISORY COMMITTEE Admission to Candidacy Application

This form is to be submitted to the College of Graduate Studies within two semesters of admission.

Student's Name

TJ [REDACTED]

Graduate Advisory Committee Members (Signature/Printed name)

_____ Committee Chair _____

_____ Co-chair/Member _____

_____ Member _____

_____ Member _____

_____ Member (Optional) _____

_____ Member (Optional) _____

_____ Member (Optional) _____

Student's Signature _____ Date _____

Approved _____ Date _____
Department Chairperson

Approved _____ Date _____
College Dean/Program Director