# ADVISORY COMMITTEE

**APPOINTMENT OF INTER-INSTITUTIONAL MEMBER**

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| --- |
| **To:** Dean of The Graduate School |
| **From:** Program Director: |  |
|  | Director’s name**/**Program name |

***Student Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | ID Number: |  |
|  |
| Degree Objective: |  | ([ ]  Thesis or [ ]  Non-Thesis) |
|  |  |  |
| Proposed Minor: |  | Signature: |  |

Please approve the following individual to serve as Inter-institutional Member for the above named student. He/She has been contacted and has agreed to serve. I understand that it is the department’s responsibility to confirm this appointment with each individual after approval by the Graduate School.

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| --- | --- |
| *Name of Institution:* |       |
| *Name of Proposed Inter-institutional Member:* |       |
| *Member of Graduate Faculty at their Insitution:* | [ ]  Yes [ ]  No |
| Comments (if any):       |

***DGP Signature/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Approved for the Graduate School by:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/Date