# ADVISORY COMMITTEE

**APPOINTMENT OF INTER-INSTITUTIONAL MEMBER**

|  |  |
| --- | --- |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| *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