

North Carolina State University
The Graduate School

**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