



Office of Graduate Studies
212 Koch Hall
Norfolk, VA 23529
Phone: 757-683-4885
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Ph.D. Advisory Committee

1. REQUEST:

a. I hereby request the following Advisory Committee to be established for

Students name _____ UIN _____
who is enrolled in the _____ program.
(Title of degree program)

ADVISORY COMMITTEE

NAME (PRINT)	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
Advisory Committee Chair	Advisory Committee Chair

	(Date)

b. I concur with the appointment of the above Advisory Committee.

Signature of Student

Date

2. APPROVAL:

Graduate Program Director _____ (Date)

Department Chair _____ (Date)

Dean _____ (Date)

College _____ (Date)