

# REQUEST FOR THE APPOINTMENT OF THE ADVISORY COMMITTEE

## Thesis/Dissertation

*Only completed forms will be processed*



Name	Student ID Number	E-mail address
Current address (street, city, state and zip code)	Telephone Number	
Major field (and <b>concentration</b> , if any)	M.A. M.S. Ph.D. Degree	
Check one: Thesis Dissertation		

Thesis/Dissertation Title

**(Note: If title changes, submit an updated form with the following signatures; committee chair, departmental chair, and academic dean.)**

*The student is responsible for obtaining all signatures.*

I agree to serve on the above-named student's advisory committee.

1.	<b>Circle one:</b> Committee Chair or Co-Chair Name	Title
	Hampton University Department	Committee Chair's or Co-Chair's Signature
2.	<b>Circle one:</b> Committee Chair or Co-Chair Name	Title
	Hampton University Department	Committee Chair's or Co-Chair's Signature
3.	Committee Member Name	Title
	Hampton University Department	 Committee Member's Signature
4.	*Committee Member Name	Title
	Hampton University Department	 Committee Member's Signature
5.	*Committee Member Name	Title
	Hampton University Department	Committee Member's Signature

\*A fourth committee member is only required of doctoral candidates.  
This individual can be external to the Department or University. **All members must have a curriculum vita (resume) on file.**

_____ Program Coordinator's Signature	_____ Date	_____ Program Chair's Signature	_____ Date
		 _____ Student's Signature	_____ Date

<i>For Official Use Only</i>	
_____ Graduate College Dean's Signature	_____ Date
Approved      Denied	