



OFFICE OF THE GRADUATE SCHOOL
COMPOSITION AND DESIGNATION OF GRADUATE ADVISORY COMMITTEE (GAC)

We hereby accept the responsibility and designations as adviser-chair/members of the Graduate Advisory Committee (GAC) of the following student:

Name: \_\_\_\_\_
Family Name First Name Middle Initial Degree Sought
Student No. \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

GRADUATE ADVISORY COMMITTEE
(Please affix your name and signature)

Name Signature
\_\_\_\_\_, Adviser-Chair \_\_\_\_\_
\_\_\_\_\_, Member \_\_\_\_\_
\_\_\_\_\_, Member \_\_\_\_\_
\_\_\_\_\_, Member \_\_\_\_\_
\_\_\_\_\_, Member \_\_\_\_\_

RECOMMENDING APPROVAL:
\_\_\_\_\_
Program Chair

NOTED:
\_\_\_\_\_
GS Secretary/GS Clerk

APPROVED:
\_\_\_\_\_
Dean, Graduate School/Program Chair
Date: \_\_\_\_\_

