



**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)

<i>Name</i>	<i>Signature</i>
_____, Adviser-Chair	_____
_____, Member	_____
_____, Member	_____
_____, Member	_____
_____, Member	_____

RECOMMENDING APPROVAL:

NOTED:

Program Chair

GS Secretary/GS Clerk

APPROVED:

Dean, Graduate School/Program Chair

Date: _____