

REQUEST FOR THE APPOINTMENT OF THE ADVISORY COMMITTEE
Thesis/Dissertation

Only completed forms will be processed

<hr/> Name	<hr/> Student ID Number	<hr/> E-mail address
<hr/> Current address (street, city, state and zip code)	<hr/> Telephone Number	
<hr/> Major field (and concentration , if any)	<hr/> 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.

 Circle one: Committee Chair or Co-Chair Name

 Title

 Hampton University Department

 Committee Chair's or Co-Chair's Signature
2.

 Circle one: 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