

Department of Transnational Studies

FACULTY ACADEMIC ADVISOR / COMMITTEE MEMBERS

Reason for generating form (check one):

- Appointing Initial Advisor
- Appointing Committee
- Changing committee membership

Student (Name/Signature): _____ / _____ Date: _____

Advisor (Name/Signature): _____ / _____ Date: _____

Master's Committee

(Name/Signature)

Chair: _____ / _____ Date: _____

Member: _____ / _____ Date: _____

Member: _____ / _____ Date: _____

Doctoral Dissertation Committee

NOTE: *Members who are not regular department faculty require approval of the Dissertation Committee Chair, and the Director of Graduate Studies.*

(Name/Signature)

Chair: _____ / _____ Date: _____

Member: _____ / _____ Date: _____

Member: _____ / _____ Date: _____

Outside Reader: _____ / _____ Date: _____
(optional)

Approved by the **Director of Graduate Studies** (Name/Signature):

_____ / _____ Date: _____