HAMPTON UNIVERSITY | *Graduate College*

Graduate College Counselor

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 **concentration,** if any) _____ Degree M.A. ◯ M.S. ◯ Ph.D. ◯

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 _____

*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 _____

Academic Dean's Signature _____ Date _____ Student's Signature _____ Date _____

For Official Use Only

Graduate College Dean's Signature _____ Date _____ Approved ☐ Denied ☐

Revised 10/15