

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)	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

*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

<i>For Official Use Only</i>	
Graduate College Dean's Signature	Date
Approved	Denied