

**REQUEST FOR THE APPOINTMENT OF THE ADVISORY COMMITTEE**  
**Thesis/Dissertation**  
**HU Online**

*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
  
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>			
_____ HU Online Director's Signature	_____ Date	Approved	Denied