

**ALABAMA A&M UNIVERSITY**

**School of Graduate Studies**

Normal, Alabama 35762

Post Office Box 998  
Telephone: (256) 372-5266

**ADVISORY COMMITTEE  
THESIS DISSERTATION  
APPOINTMENT REQUEST**

TO: School of Graduate Studies

Date:

FROM:

Chair, Committee (Advisor)

Name of the Student:

Degree:

I am requesting that the following Graduate Faculty members be approved to serve as the Graduate Student Advisory Committee for the above student. Each has been contacted and has agreed to serve.

Chair (or Co-Chair)

Name

\_\_\_\_\_  
Signature

Members:

Name

\_\_\_\_\_  
Signature

Name

\_\_\_\_\_  
Signature

Name

\_\_\_\_\_  
Signature

Name

\_\_\_\_\_  
Signature

Name

\_\_\_\_\_  
Signature

Recommendation: \_\_\_\_\_  
Chairperson, Academic Department

Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Dean, School of Graduate Studies

Date: \_\_\_\_\_