

**EAST TENNESSEE STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

**THE APPOINTMENT OF AN ADVISORY COMMITTEE  
FOR THE DOCTORAL OR MASTER'S DEGREE**

Student Name \_\_\_\_\_

E# \_\_\_\_\_

(Please type or print)

Admitted to graduate school in the \_\_\_\_\_

semester of \_\_\_\_\_

(Fall/Spring/Summer)

(Enter year of admission)

Field of Study \_\_\_\_\_

Concentration \_\_\_\_\_

Option: Thesis  Non-Thesis

Degree \_\_\_\_\_

NOTE: The student is responsible for scheduling a conference with the chair or graduate coordinator of his/her major department to nominate an advisory committee. It is the responsibility of the student to present this appointment form to the department chair or graduate coordinator and to all committee members for signatures and to file this form with the School of Graduate Studies.

The members of the student's advisory committee as indicated below were designated during a conference.

with the student on \_\_\_\_\_

Date

Graduate Coordinator

Faculty signatures affixed below constitute acceptance of the advisory committee assignment. The chair of the advisory committee or the graduate coordinator is responsible for reviewing the student's program and ensuring that it fulfills program requirements.

Office Use Only

Committee Names and Phone Numbers  
(Please type or print)

Committee Signatures and Dates

ID

Grad Faculty Status	Expiration Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E#

Chair, Advisory Committee

Phone Number

Signature

Date

E#

Committee Member

Phone Number

Signature

Date

E#

Committee Member

Phone Number

Signature

Date

E#

Committee Member  
Date

Phone Number

Signature

E#

Committee Member

Phone Number

Signature

Date

Approved

Dean, School of Graduate Studies

Date