

Appointment of Advisory Committee
For the Ph.D. Degree with a Double Major
(to be submitted with the application for a double major)

College of Arts and Sciences, Graduate Division

Date: _____

Name of Student: _____

University ID Number: _____ Department: _____

Proposed Advisory Committee

First Major

Name: _____, Discipline: _____, Signature: _____

Name: _____, Discipline: _____, Signature: _____

Second Major

Name: _____, Discipline: _____, Signature: _____

Name: _____, Discipline: _____, Signature: _____

Outside Minor (optional)

Name: _____, Discipline: _____, Signature: _____

Name: _____, Discipline: _____, Signature: _____

First Major Signature

Chairperson of Major of Department or Director of Graduate Studies Signature: _____

Second Major Signature

Chairperson of Major Department or Director of Graduate Studies Signature: _____

Approved

Dean, College of Arts and Sciences, Graduate Division Signature: _____