

## Proposal Defence Advisory Committee Appointment

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Proposed Research Title:** \_\_\_\_\_  
\_\_\_\_\_

### Proposed Committee Members

	Name	Department	Signature
1.	_____ (Major Professor)	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

By signing above, each of the faculty members agrees to serve on the proposal defence advisory committee.

Advisory committee members must be certified by their unit to participate in Graduate education.

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date