

Doctoral Dissertation/Project Advisory Committee Appointment Form

Please Select a Program:

Student's Name [Type]: _____ Banner ID: _____

Student's Signature: _____ Date: _____

Anticipated Proposal Date: _____

Tentative dissertation/project title/topic:

We agree to serve as Doctoral Dissertation/Project Advisory Committee Members for the student listed above:

Chair [Signature]	Type Name	Dept.	Date
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Co-Chair/Committee Member [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Committee Member [Signature]	Type Name	Dept.	Date
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Approved by:

Dept. Chair/Program Coordinator [Signature]	Type Name	Dept.	Date
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Graduate Faculty Representative [Signature]	Type Name	Dept.	Date
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Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted in order to assign a doctoral dissertation/project committee to the student. Advisors must be approved TAMUCC and/or TAMU System Doctoral Graduate Faculty Members. To request Graduate Faculty special appointment [click here](#). Contact CGS with questions 361.825.2174

For CGS Use Only:

___ TAMUCC faculty (yes/no) ___ Graduate Faculty Status (yes/no)

___ Graduate Faculty Representative assigned (yes/no)

___ Copy sent to College & Dept. Chair (Initials only) ___ Date

___ Data entered on spreadsheet (Initials only) ___ Date ___ Informed Academic Advisor

___ Dean, CGS Approval ___ Date ___ Date

Form C

01/2019