



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 & Sciences, Graduate Office

Date: _____

University ID Number: _____

Major Department: _____

Full Name: _____

Proposed Advisory Committee

	Name	Discipline	Signature
First Major Representatives	(1)		
	(2)		
Second Major Representatives	(3)		
	(4)		
Outside Minor (optional) Representatives	(5)		

First Major		
	Signature of Director of Graduate Studies or Chair of Major Department	Date
Second Major		
	Signature of Director of Graduate Studies or Chair of Major Department	Date

APPROVED: _____
Dean, College of Arts and Sciences, Graduate Office

Date: _____