MAJOR PROFESSOR RECOMMENDATION & GRADUATE ADVISORY COMMITTEE REQUEST

☐ **MAJOR PROFESSOR RECOMMENDATION** ☐ **GRADUATE ADVISORY COMMITTEE**

GRADUATE STUDENT: _____

CWID: _____

Degree/Program : _____

MAJOR PROFESSOR: _____

Office/Phone: _____

FORMER MAJOR PROFESSOR (IF APPLICABLE): _____

GRADUATE ADVISORY COMMITTEE (Complete this portion once committee is formed)

Committee Member *Type name*	Committee Member *Signature*
Committee Member *Type name*	Committee Member *Signature*
Committee Member *Type name*	Committee Member *Signature*
Committee Member *Type name*	Committee Member *Signature*

Recommended by:

School Director/Program Coordinator _____ Date _____

Distribution:

Student
Major Professor
Graduate Coordinator