



UNIVERSITY OF ARKANSAS

Graduate School & International Education

Certificate Program Advisory Committee

Student's Name: _____ ID Number: _____

Certificate Program: _____

Student's Signature: _____ Date: _____

The Program advisors appointed immediately after the student is admitted to the program of study. The Program Advisory Committee oversees the student's program of study. Frequently, but not invariably, the major advisor also serves as Field Experience Instructor.

Committee Members

(Please type or print **full name**. Example: Jane R. Doe)

(Please **note** if ex-officio or off campus member)

(If adding or removing one member(s), only that signature needed needed along with the committee chair and department chair/head)

_____ CHAIR	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature required	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please print full name	signature	add	remove

Program Director: _____ Date: _____

Approved: _____ Date: _____

Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School.