

**Graduate School
UNIVERSITY OF ARKANSAS**

MASTER'S ADVISORY COMMITTEE

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____
(signature)

Check if Master's Advisory Committee and Master's Thesis Committee have the same members and if they are, submit only this one committee form.

The Master's Advisory Committee oversees the student's program of study. The Graduate School requires a minimum of three members with group III or higher graduate faculty status. Department/programs may have additional requirements.

Master's Advisory Committee

(Please type or print **FULL NAME**. Example: Jane R. Doe.)
(Please **NOTE** if ex-officio or off campus.*)

CHAIR	
<i>Please PRINT full name</i>	<i>signature*</i>
<i>Please PRINT full name</i>	<i>signature*</i>
<i>Please PRINT full name</i>	<i>signature*</i>
<i>Please PRINT full name</i>	<i>signature*</i>
<i>Please PRINT full name</i>	<i>signature*</i>
<i>Please PRINT full name</i>	<i>signature*</i>

Department Chair/Head: _____ Date: _____
(signature)

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 Graduate School. * Signatures are not required for ex officio or off campus faculty

Original: Graduate School
xc: Department/Degree Program