



GRADUATE SCHOOL

Request for Service on a Graduate Advisory Committee

Student Name: _____ TAMIU ID: A

Student Email Address: _____ Today's Date: _____

College: _____ Degree: Master's Doctoral Major: _____

The above student has requested that I serve on his/her Graduate Advisory Committee. I understand that serving on this committee requires that I be reasonably available to this student for consultation and guidance. Additionally, I understand that I, along with the other members of the committee, have a particular and direct responsibility for the following:

- Thesis
- Dissertation
- Portfolio

Graduation/Submission Semester: Fall Spring Summer Year: _____

- Designing a degree plan in consultation with the student
- Assisting with the thesis/dissertation/portfolio
- Reading and evaluating the thesis/dissertation/portfolio
- Preparing, administering and evaluating the defense of the thesis/dissertation/portfolio

Cognizant of the above responsibilities, I agree to serve on the Graduate Advisory Committee of the above named student.

Approval / Required Signatures:

Committee Chair

Signature & Date

Committee Member

Signature & Date

Committee Member

Signature & Date

Committee Member

Signature & Date