

APPOINTMENT OF RESEARCH ADVISORY/EXAMINATION COMMITTEE

Name of Student/UID _____

Degree Objective: _____MS _____Ph.D.

COMMITTEE MEMBERS:

	<u>Name and Title</u>	<u>Department Affiliation</u>
1.	_____ (Chair)	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____ (Dean's Rep)	_____

PLEASE NOTE:

1. MS student advisory/examination committee must include a minimum of three (3) members, at least two (2) of whom are Full Members of the Graduate Faculty.
2. PhD student advisory/examination committee must include five (5) members of the Graduate Faculty, at least three (3) of whom must be Full Members.
3. A Tenured member of the UMCP Graduate Faculty from a program other than PLSC is required to serve as Dean's Representative on Ph.D. committees.

Approved: _____ Date: _____
Signature of Program Chair

Please email a copy of this signed form to pslagradadvising@umd.edu