

FAYETTEVILLE STATE UNIVERSITY
THE GRADUATE SCHOOL

DISSERTATION ADVISORY COMMITTEE MEMBERSHIP FORM

Name: _____ Banner ID: _____

Address: _____
Street City State Zip Code

We, the undersigned, agree to serve as members of the Dissertation Advisory Committee:

(Please note one member of the Advisory Committee must be from outside the candidate's major department.)

	Graduate Faculty Status: Full, Associate, Special	Signatures
Chair: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____
Member: _____	_____	_____

OFFICE USE ONLY

APPROVED: {Signatures and Dates}

Program Director (if applicable): _____ Date: _____

Department Chair: _____ Date: _____

Dean of School/College: _____ Date: _____

Dean/Assistant Dean of The Graduate School: _____ Date: _____

Please Note: The Dissertation Advisory Committee Membership Form is to be filed in The Graduate School one semester before the graduate student registers for the Dissertation course. *All committee members must have current graduate faculty status.*