

## PhD Advisory and Thesis Committee Selection Form

1. Student's Name \_\_\_\_\_

Research Advisor Signature \_\_\_\_\_

2. Advisory Committee Members (must be CCB Graduate Faculty members)  
(Due April 1st of second semester)

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Dept Approval Date

3. Final Thesis Committee Outside Member (must be **outside** the Graduate Program in CCB)  
(Pick this form up from Wright Rieman, room 143 and return no later than 30 days prior to defense)

\_\_\_\_\_  
Name Affiliation

\_\_\_\_\_  
Advisor Approval Date

\_\_\_\_\_  
Dept Approval Date

Please note: this form must be returned to the Graduate Program Administrator after part 1 and 2 are completed. (Wright Rieman, room 143).