

**Nomination of Advisory Committee, M.S. or Ph.D.**

Student Name \_\_\_\_\_ UIN \_\_\_\_\_

**Proposed Advisory Committee**

The advisory committee is composed of at least *three members* of the Illinois Graduate Faculty, at least one of whom must be from an area of specialization other than the student's (Appendix 5). For M.S. advisory committees, the advisor may serve as chair. For Ph.D. advisory committees, the advisor may not serve as chair.

\_\_\_\_\_  
Chair of Committee

\_\_\_\_\_  
Member name

\_\_\_\_\_  
Member name

\_\_\_\_\_  
Member name

\_\_\_\_\_  
Advisor name

\_\_\_\_\_  
Approved by Advisor (signature) date

\_\_\_\_\_  
Approved by Department Head (signature) date

This form should be submitted to the FSHN Grad Support Office (260E1 Bevier Hall).