GRADUATE SCHOOL

Request for Service on a Graduate Advisory Committee

Student Name: _____ **TAMIU ID:** _____

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**

Graduation/Submission Semester: Fall ☐ **Spring** ☐ **Summer** ☐ **Year:**

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

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

Submit Request with all required information, signatures, electronic approvals/emails/signatures to:
Graduate School | Senator Judith Zaffirini Student Success Center, Suite 223

956.326.3020 | thesis@tamiu.edu
tamiu.edu/gradschool