

**APPOINTMENT OF STUDENT'S GRADUATE ADVISORY COMMITTEE****DATE:** \_\_\_\_\_**TO:** The Graduate Program Committee and  
Chair of the Department of Microbiology and Immunology**FROM:** \_\_\_\_\_  
Advisor & Chair, Graduate Advisory Committee

Student Name:	
Date entered	Banner ID:
Graduate Program:	

Instructions: This form is to be prepared by the student after contacting faculty members. After completion and signatures, the ADVISOR submits this recommendation. Minimum of 5 graduate faculty members, 3 of whom must be fiscal graduate faculty members in Microbiology and Immunology, and at least one committee member must be a graduate faculty member in another Department.

**GRADUATE ADVISORY COMMITTEE:**

The following graduate faculty members have been contacted and indicate willingness to serve, if approved:

Names of Committee Members	Department & Phone Number	Initials

Approved by Advisor:

Date:

Approved by Graduate Program Committee:

Date:

Approved by Department Chair:

Date: