

## REQUEST FOR GRADUATE ADVISORY COMMITTEE

Department of Nutritional Sciences  
College of Allied Health

The following individuals are faculty I wish to have serve as my Graduate Advisory Committee.

\_\_\_\_\_ (Chair)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_  
Student Signature/Date

Faculty signatures are not required. Students need only identify names. Student is to forward form to Department staff upon completion. Copies will then be forwarded to all committee members as well as student.