

**GRADUATE ADVISORY COMMITTEE APPOINTMENT FORM
FOR INTERINSTITUTIONAL MEMBER**

To: Terri L. Lomax, Dean
NCSU Graduate School
Box 7102

Date: _____

From: _____
Director of Graduate Program Signature

Department/Program

Student ID Number: _____

Student's Name: _____

Degree Objective: _____

Proposed Major: _____

Proposed Minor: _____

Check One
<input type="checkbox"/> Thesis
<input type="checkbox"/> Non-Thesis

I am requesting that the following individual(s) be approved to serve as Interinstitutional Member(s) for the above student. Each has been contacted and has agreed to serve. I understand that it is the department's responsibility to confirm this appointment with each individual after approval, as indicated below by signature of the Dean.

Name of Institution: _____

Name(s) of Proposed Interinstitutional Member(s)

COMMENTS:

GRADUATE SCHOOL APPROVAL:

Terri L. Lomax, Dean
3/01

Date: _____

FORM

REVISED: