

THE UNIVERSITY OF LOUISIANA AT MONROE
College of Pharmacy

**REQUEST FOR APPOINTMENT OF GRADUATE ADVISORY COMMITTEE
AND APPROVAL OF DEGREE PLAN**

(Submit original to Graduate Studies Committee and sufficient copies for student, college, and advisory committee members.)

Degree: _____ M.S. _____ Ph.D.

Check one: Original request _____ Request for revision _____

Student _____ Social Security No. _____

Area of Study _____ Date _____

If M.S. Degree, indicate option: _____ Thesis _____ Non-thesis

NAMES OF ADVISORY COMMITTEE MEMBERS (Please print or type)	APPROVED BY ADVISORY COMMITTEE MEMBERS (Signature)	DISCIPLINE
*		
*Major Adviser		
<p>APPROVED BY:</p> <p align="right">_____ Student</p> <p align="right">_____ Chairman, Graduate Studies Committee</p> <p>_____ Director of Graduate Studies and Research at ULM</p> <p align="right">_____ Dean, College of Health Sciences</p>		