

# The University of Louisiana at Monroe School 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 Number: \_\_\_\_\_

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 Advisor

Approved by:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Chairman, Graduate Studies Committee

\_\_\_\_\_  
Dean, School of Pharmacy

\_\_\_\_\_  
Director of Graduate Studies and Research at ULM