

SAD 130, Box 2201
Brookings, SD 57007
(605) 688-4181
Return to Graduate School

Please complete this form to notify the Graduate School of your advisory committee members and request a graduate faculty representative. This form must be submitted no later than one semester prior to graduation. The graduate Faculty representative must be requested **60** days prior to any desired committee work (meetings, proposals, or exams).

STUDENT

Student Name: _____ ID #: _____ Date: _____

Email Address: _____@jacks.sdstate.edu (notification will be sent via Jacks email only)

Master's Option:
Option A (thesis) _____ Option B (research) _____ Option C (coursework) _____ Option D (coursework) _____

Doctoral Option:
60 Credit Plan _____ 90 Credit Plan _____ DNP _____

Degree Program: _____ Specialization: _____
(if applicable)

Major Advisor: _____

Thesis/Dissertation Advisor: _____
(If applicable)

ADVISOR

I submit the following for approval as committee members for the advisee:
(If the committee member is not an SDSU faculty, please list their affiliation) (Include proper titles for committee members: Dr, Mr, Mrs)

Advisor Signature _____ Date _____

Master's committees must have 3 members minimum (Advisor, Department Representative, Grad Rep)
Doctoral committee must have 4 members minimum (Advisor, 2 Department Representatives, Grad Rep).

For Graduate School Use Only

Graduate Faculty Representative assigned: _____

Department: _____

Graduate School Dean Date _____