



As required by graduate policy (2.3.1), the following advisory committee is established for the student named on this form.

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COMMITTEE MEMBER NAME	COMMITTEE MEMBER DEPARTMENT	COMMITTEE MEMBER SIGNATURE
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Type / Print Clearly		
Outside Member	u " D B E F N J D 6 O J U	u 4 J H O B U V S F
Type / Print Clearly		
Other Member	u " D B E F N J D 6 O J U	u 4 J H O B U V S F
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COMMENTS

APPROVALS / CONFIRMATION

APPROVED	Academic Unit Head	DATE
Document Reviewed	0 â DF PG (SBEVBUF 1SPHSBNT	DATE
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