DEPARTMENT OF SOCIOLOGY FACULTY ACADEMIC ADVISOR/COMMITTEE MEMBERS

Student Na	me:			
Reason for	generating form:	Appoint		
		Change		
Faculty Adv				Date:
	(print)		(signature)	
Master's Co	ommittee: (at least tw	vo regular Depa	rtment of Sociology fa	culty)
Chair:				Date:
	(print)		(signature)	
Member:	(print)		(signature)	Date:
Member:	(print)		(signature)	D . (
	(print)		(signature)	Date:
PhD Qualif	ying Examination A	reas:		
Primary Area:				Date:
Secondary Area:				Date:
regular Depa	artment of Sociology	faculty. Member	pers. At least two (incluers who are not regular Chair and Director of G	Department faculty
Chair:				Date:
Member:	(print)	·	(signature)	Date:
Member:	(print)		(signature)	Date:
Member:	(print)		(signature)	Date:
	(print)		(signature)	