DEPARTMENT OF SOCIOLOGY
FACULTY ACADEMIC ADVISOR/COMMITTEE MEMBERS

Student Name: ________________________________

Reason for generating form: 
Appoint □ 
Change □

Faculty Advisor: ________________________________ Date: ________
(print) (signature)

Master’s Committee: (at least two regular Department of Sociology faculty)

Chair: ________________________________ Date: ________
(print) (signature)

Member: ________________________________ Date: ________
(print) (signature)

Member: ________________________________ Date: ________
(print) (signature)

PhD Qualifying Examination Areas:

Primary Area: ________________________________ Date: ________

Secondary Area: ________________________________ Date: ________

Dissertation Committee: (minimum three members. At least two (including Chair) must be regular Department of Sociology faculty. Members who are not regular Department faculty require approval of the Dissertation Committee Chair and Director of Graduate Studies)

Chair: ________________________________ Date: ________
(print) (signature)

Member: ________________________________ Date: ________
(print) (signature)

Member: ________________________________ Date: ________
(print) (signature)

Member: ________________________________ Date: ________
(print) (signature)