

Ph.D. Guidance Committee
Form to be completed by the end of the *Second Quarter*

Name _____

Name	Please Initial	Specialization
_____	_____	_____
Major Professor		(Major)
_____	_____	_____
		(Dept. Minor)
_____	_____	_____
		(Breadth)
_____	_____	_____
Outside Member		(Outside Minor)

Approvals:

Major Professor _____ Date _____

Graduate Advisor _____ Date _____

ISAC Chair _____ Date _____