College of Communication & Information Sciences

Ph.D. Advisory Committee

Student Name:	
Committee Chair:	
Committee Members:	
This is to acknowledge th	at the Advisory Committee, as named above, has been
Formed.	
ormed. Date:	
formed. Date:	
formed. Date: Signature of Chair: Signature of Student:	
formed. Date: Signature of Chair:	
formed. Date: Signature of Chair: Signature of Student:	
formed. Date: Signature of Chair:	