

CPB/GSC Form 4

**REQUEST FOR APPOINTMENT OF ADVISORY COMMITTEE**

TO: Head, Department of Comparative Pathobiology

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

It is requested that the individuals listed below serve as members of the M.S. or Ph.D. (select one) advisory committee for

\_\_\_\_\_. His/her major area will be \_\_\_\_\_

\_\_\_\_\_ and his/her thesis research subject area will be

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Name	Graduate Faculty I.D.	Advisor in Area of:
_____ (Chair)	_____	_____
_____ (Co-Chair)*	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*For the PhD graduate program, if the major advisor's graduate faculty certification level is P\* or less, he/she may only co-chair the committee with a faculty member with graduate faculty certification of P level.**

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Head, Department of Comparative Pathobiology

\_\_\_\_\_  
Date

**NOTE:** CPB GSC Form 4 should be submitted during the first semester of the graduate program. The E-POS (GS Form 6) should be submitted before the end of the second semester of the MS degree program. The E-POS (GS Form 4) should be submitted before the end of the third semester for the PhD degree program. Please refer to the summaries of procedures in the online CPB Graduate Manual for more complete information.