

THE UNIVERSITY OF AKRON

DEPARTMENT OF CIVIL ENGINEERING

Master of Science Advisory Committee Membership Form

Date: _____
(mm/dd/yy)

To: _____
Associate Dean for Research and Graduate Studies, College of Engineering

From: _____
Chair, Graduate Policy Committee, Department of Civil Engineering

Student Name: _____

Social S.S. #: _____

Area of Interest: _____

I respectfully request that the following University of Akron Graduate Faculty members be approved to serve as the Master of Science Advisory Committee for the students named above. These faculty members have agreed to serve on this committee. I understand that it is the department's responsibility to confirm this appointment with each committee member after approval, as indicated below by the signature of the Associate Dean for Research and Graduate Studies. The committee shall consist of 3 or more members of whom at least 3 members should have primary appointment in the Department of Civil Engineering. The Chair of the Master of Science Advisory Committee must have primary appointment in the Department of Civil Engineering.

	Name	Signature	Department
Chair	_____	_____	_____
Co-Chair	_____	_____	_____
Other Members (Civil/Non-Civil)	_____	_____	_____
	_____	_____	_____

Chair, Department of Civil Engineering

Approved,

Associate Dean for Research and Graduate Studies, College of Engineering