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**ADVISORY COMMITTEE AGREEMENT FORM**

**CONFIRMATION OF RESEARCH PROPOSAL**

**This form must be completed and submitted to The Graduate School (****TGSENROLLED@augusta.edu****) at least 1 week prior to the scheduled presentation.**

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| **General Student Information** |
| Name of Student:       Graduate Program:       Date of Scheduled Presentation:       Time:       Location:       |
| **Authorized Signatures** |
| * **I will be in attendance for the presentation of the Research Proposal for the student listed above on the designated day and time.**
* **I agree to complete the Research Proposal rubric and submit to The Graduate School (****tgsenrolled@augusta.edu****) no more than one week after the presentation.**
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|      *Major Advisor*     *Advisory Committee Member*     *Advisory Committee Member*     *Advisory Committee Member*     *Advisory Committee Member*     *Advisory Committee Member*     *Dean, The Graduate School* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Major Advisor Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisory Committee Member Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisory Committee Member Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisory Committee Member Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisory Committee Member Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Advisory Committee Member Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Graduate School Dean Signature* |      *Date*     *Date*     *Date*     *Date*     *Date*     *Date*     *Date* |

**A copy of the completed, signed form will be provided to the student’s PhD program director and MD/PhD program director (if applicable).**