



## Master's Advisory Committee Form

Please send this form to [fhcegrad@uga.edu](mailto:fhcegrad@uga.edu), who will upload it to Docusign to gather signatures. Please email [fhcegrad@uga.edu](mailto:fhcegrad@uga.edu) if you have any questions about this process.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ UGA Email: \_\_\_\_\_

Enrolled Program: \_\_\_\_\_ MS-NT On-Campus \_\_\_\_\_ MS-NT Online

### Advisory Committee Members:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature / Date

Committee Chair:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature / Date

Director of Graduate Studies

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature / Date