

**THE UNIVERSITY OF AKRON
DEPARTMENT OF ELECTRICAL AND COMPUTER 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 Electrical and Computer Engineering

Student Name: _____

Student 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 student 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 Electrical and Computer Engineering. The Chair of the Master of Science Advisory Committee must have primary appointment in the Department of Electrical and Computer Engineering.

	Name	Signature	Department
Chair	_____	_____	_____
Co-Chair	_____	_____	_____
Other Members	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Chair, Department of Electrical and Computer Engineering

Approved,

Associate Dean for Research and Graduate Studies, College of Engineering

Date: _____
(mm/dd/yy)

cc. Advisory Committee Members
Student File