



# Academic Advisory Committee

*Department of Veterinary Clinical Sciences*

Student:

Program:

Major: Biomedical and Veterinary Medical Sciences

Faculty members, please sign on appropriate lines to indicate your willingness to serve on this student's committee.

Major Professor: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Committee Member: \_\_\_\_\_

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

Print: \_\_\_\_\_

Approvals:

\_\_\_\_\_

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

(Graduate Advisor)

\_\_\_\_\_

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

(Department Head)

