(Revised August 2022)

**BSU-CA-AS FORM 05**

## NOMINATION OF ADVISORY COMMITTEE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **I.D. No.** |  | **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Date Accomplished:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name:** |  |  | **Mobile No.** |  |
|  | (**Family Name Given Name Middle Name**) |  |  |  |
| **Degree:** |  | **Major Field:** |  |  | **Cognate/Minor:** |  |

 In consultation with the Chair of the Department offering the degree program, I hereby nominate the following for my Advisory Committee:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adviser/Chairperson (Signature)

**NOTE:** The adviser must have at least the same degree and specialization as that being pursued by the student.

Example: Phd RD student must nominate a Phd RD degree holder as adviser. MS Agronomy student must nominate

an MS Agronomy degree holder.

 Member (Signature)

 Member (Signature)

 Member (Signature)

Note: An adviser and 3 members for Doctorate

 An adviser and 2 members for Master

**NOMINATED BY**:

 (Name and Signature of Student)

Date:

**IN CONSULTATION WITH:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of the Department offering the degree program

**NOTED:**

 **LYNN J. TALKASEN\_\_**

 Advanced Studies Coordinator

**APPROVED:**

**\_CONSTANTINO T. SUDAYPAN ­**

 College Dean