

Chair of Advisory Committee Request

Date _____

Director of Graduate Studies
Department of Philosophy
229 Major Williams Hall
Blacksburg, VA 24061

Dear Sir:

I request that _____ be approved as the chair of my student advisory committee for the M.A. in Philosophy.

Sincerely,

Student Signature

Printed Name

Student Identification Number

I consent to serve as major professor for this student.

Professor Signature

Approved: _____
Director of Graduate Studies